


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 24, 2005 08:00 AM
Secretary of State

DOCUMENT # L01000002298 1. Entity Name SOUTHERN ATLANTIC LAND HOLDINGS, LLC	
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Principal Place of Business 1861 PLACIDA RD SUITE 204 ENGLEWOOD, FL 34223	Mailing Address 1861 PLACIDA RD SUITE 204 ENGLEWOOD, FL 34223
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DO NOT WRITE IN THIS SPACE



01202005No Chg-LLC

CR2E083 (10/03)

4. FEI Number 65-1075760	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**ITTERSAGEN, SCOTT D ESQ
1861 PLACIDA RD
SUITE 204
ENGLEWOOD, FL 34223**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

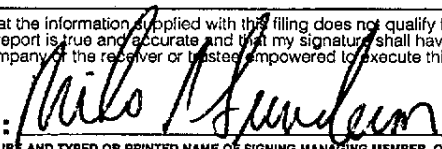
**Filing Fee is \$50.00
Due by May 1, 2005**

U00000191082
01/24/05-80158-010 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GUNDERSON, MIKO P 1861 PLACIDA ROAD #204 ENGLEWOOD, FL 34223
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DUFF, JAMES T 8252 WILTSHIRE BLVD PORT CHARLOTTE, FL 33981
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  **1-20-05 (941)627-1000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #