


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**May 13, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90041 002 \*\*\*\*50.00

<b>DOCUMENT #</b> L01000009063	
<b>1. Entity Name</b> SOUTHERN INVESTMENT COMPANY, LLC	

<b>Principal Place of Business</b> 800 CLAUGHTON ISLAND DR., APT. 2703 MIAMI FL 33131	<b>Mailing Address</b> 6604 MILLER DRIVE MIAMI FL 33155
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**34006046**



<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b> NEW: 800 CLAUGHTON ISLAND DRIVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc. APT. 2703	
City & State		City & State Miami FL	
Zip	Country	Zip	Country
33131		33131	

<b>4. FEI Number</b> 65-1116185	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b> SABBAGH, EDGAR 6604 MILLER DRIVE MIAMI FL 33155
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<b>7. Name and Address of New Registered Agent</b> Name: ALFREDO MATERA Street Address (P.O. Box Number is Not Acceptable): 800 CLAUGHTON ISLAND DRIVE APT. # 2703 City: Miami FL Zip Code: 33131
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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: *Alfredo E. Sabbagh* ALFREDO MATERA  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE:

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2004**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MATE RA, ALFREDO A 800 CLAUGHTON ISLAND DR., APT. 2703 MIAMI FL 33131 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Alfredo E. Sabbagh* ALFREDO MATERA 05/10/04 305-416-2779  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #