

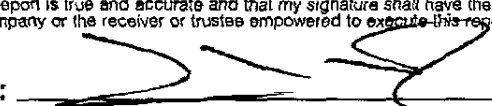


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 24, 2006 08:00 AM
Secretary of State

DOCUMENT # L01000010102		
1. Entity Name SOUTH FORK, L.L.C.		
Principal Place of Business 2502 NORTH ROCKY POINT DRIVE STE. 1050 TAMPA, FL 33607		Mailing Address 2502 NORTH ROCKY POINT DRIVE STE. 1050 TAMPA, FL 33607
DO NOT WRITE IN THIS SPACE		
		 02202006No Chg-LLC CR2E083 (11/05)
4. FEI Number 59-3728992		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 STROHAUER, GARY N ESQ BAXTER,STROHAUER,MANNION & SILBERMANN, P.A 1150 CLEVELAND STREET STE. 300 CLEARWATER, FL 33755		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when renewing)</small>		
DATE _____		
Filing Fee is \$50.00 Due by May 1, 2006		
1000001475338 04/08/06-80044-022 50.00		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM THE RYAN GROUP, LLC 2502 NORTH ROCKY POINT DRIVE STE. 1050 TAMPA, FL 33607	
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DO NOT WRITE IN THIS SPACE		
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 		3/22/06 813-288-8078
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #