2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 29, 2007
Secretary of State

DOCUMENT# L01000013447

Entity Name: SOUTHERN PROPERTIES, L.L.C.

Current Principal Place of Business:

520 COMMERCE DR.
PANAMA CITY, FL 32408

New Principal Place of Business:

3970 ROGERS BRIDGE RD.
DULUTH, GA 30097

Current Mailing Address:

3970 ROGERS BRIDGE RD
DULUTH, GA 30097

New Mailing Address:

FEI Number: 59-3759000 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

AMIS, R. WILLIAM
520 COMMERCE DR.
PANAMA CITY, FL 32408 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: CLEGG, RUSSELL B
Address: 2998 ROCKBRIDGE RD
City-St-Zip: MARIETTA, GA 30066

Title: MGRM ( ) Delete
Name: AMIS, R. WILLIAM
Address: PO BOX 27879
City-St-Zip: PANAMA CITY, FL 324117879

Title: MGRM (X) Delete
Name: CLEGG, DEBBIE R
Address: 2998 ROCKBRIDGE ROAD
City-St-Zip: MARIETTA, GA 30066

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change ( ) Addition
Name: CLEGG, DEBBIE R
Address: 2998 ROCKBRIDGE RD.
City-St-Zip: MARIETTA, GA 30066

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: RUSSELL B CLEGG MGRM 03/29/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date