2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L01000021003

1. Entity Name
SOUTHERNMOST VENTURES, L.L.C.

Principal Place of Business	Mailing Address
999 KROME AVE.	999 KROME AVE.
HOMESTEAD, FL 33030	HOMESTEAD, FL 33030

DO NOT WRITE IN THIS SPACE

03122005 No Chg-LLC   CR2E083 (10/03)

4. FEI Number		Applied For
65-1158264		Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

MURRAY, DONALD J ESQ.
2000 TOWERSIDE TERRAE
SUITE 1807
MIAMI, FL 33138

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

IIIN00000311783
04/18/05-80058-012 150.00

9.	MANAGING MEMBERS/MANAGERS	
TITLE	MGRM	
NAME	MURRAY, JEFFREY DR.	
STREET ADDRESS	999 KROME AVE.	
CITY-ST-ZIP	HOMESTEAD, FL 33030	
TITLE	MGRM	
NAME	MAKIMAA, BRADLEY DR.	
STREET ADDRESS	1111 12 ST., #210	
CITY-ST-ZIP	KEY WEST, FL 33040	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		**DO NOT WRITE**
STREET ADDRESS		**IN THIS SPACE**
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: _____   4-14-05   305-993-7886

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #