2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
07 SEP 18 AM 11:55
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # L01000021003

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

Principal Place of Business
91461 OVERSEAS HWY
TAVERNIER, FL 33070

Mailing Address
999 N. KROME AVE.
HOMESTEAD, FL 33030

DO NOT WRITE IN THIS SPACE

08062007 No Chg-LLC CR2E083 (11/06)

4. FEI Number
65-1158264

Applied For
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 1607
MIAMI, FL 33138

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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: MURRAY, DONALD J ESQ.

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 September 14, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	MURRAY, JEFFREY DR.
STREET ADDRESS	999 N. KROME AVE.
CITY-ST-ZIP	HOMESTEAD, FL 33030
TITLE	MGR
NAME	MAKIMAA, BRADLEY DR.
STREET ADDRESS	2805 FLAGLER AVE.
CITY-ST-ZIP	KEY WEST, FL 33040
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: [signature] 8-7-7

Signature and typed or printed name of managing member, manager, or authorized representative Date Daytime Phone #