


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 25, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L02000003293</b> 1. Entity Name SOUTHERN KINGFISH ASSOCIATION, LLC	
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Principal Place of Business 15 GARNETT AVENUE ST. AUGUSTINE, FL 32084	Mailing Address 15 GARNETT AVENUE ST. AUGUSTINE, FL 32084
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**DO NOT WRITE IN THIS SPACE**



03222005 No Chg-LLC CR2E083 (10/03)

4. FEI Number 03-0389112	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent  CRABTREE, R.R. 8777 SAN JOSE BLVD., BUILDING A, SUITE 200 JACKSONVILLE, FL 32217
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**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**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HOLMES, JACK S 3524 KINGS ROAD SOUTH SAINT AUGUSTINE, FL 32086
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HOLMES, DEONA BEGLEY 3524 KINGS ROAD SOUTH SAINT AUGUSTINE, FL 32086
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03/25/05-80012-004 50.00

**DO NOT WRITE  
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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: Deona Begley Holmes J/T. 3-22-05 904-899-0360  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

DEONA BEGLEY HOLMES, SEC/TREAS.