

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**

**Feb 09, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L02000003293**

**1. Entity Name**  
**SOUTHERN KINGFISH ASSOCIATION, LLC**



**Principal Place of Business**

**15 GARNETT AVENUE**  
**ST. AUGUSTINE, FL 32084**

**Mailing Address**

**15 GARNETT AVENUE**  
**ST. AUGUSTINE, FL 32084**



02072007No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number**

**03-0389112**

**Applied For**

**Not Applicable**

**5. Certificate of Status Desired**



**\$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**

**DO NOT WRITE**  
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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**

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, 2007**

**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**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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02/16/07-80054-009 55.00

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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:**

*Deona Begley Holmes*  
**SECRETREAS. 2-7-07**  
**DEONA BEGLEY HOLMES**

**904-819-0360**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #