

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 29, 2003 8:00 am
Secretary of State

01-29-2003 90048 030 ****50.00

DOCUMENT # L02000008112

1. Entity Name
SOUTHERN CONSTRUCTION GROUP, LLC



Principal Place of Business

**445 WEST DR. #103
MELBOURNE FL 32904**

Mailing Address

**P.O. BOX 551070
JACKSONVILLE FL 32255-1070**

60010971



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

**7800 Belfort Pkwy
Suite, Apt. #, etc.
195**

3. Mailing Address

**7800 Belfort Pkwy
Suite, Apt. #, etc.
195**

City & State

Jacksonville, FL

City & State

Jacksonville, FL

4. FEI Number

01-0661946

Applied For

Not Applicable

Zip

32256

Country

Zip

32256

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HUMPHRIES, J. GREGORY
300 S. ORANGE AVENUE, SUITE 1000
ORLANDO FL 32801**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Pres, Mgr M
Tony B. Robison
13888 Spartanburg Ct.
Jacksonville, FL 32223**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Mgr M
Venture Management Group, Inc.
394 East Dr.
Melbourne, FL 32904**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

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:

SIGNATURE REQUIRED

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

Date

Daytime Phone #

1/24/03 904-470-4000

CR2E083 (10/02)