2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 20, 2006 08:00 AN **DOCUMENT # L02000013061 Secretary of State** SOUTHLAND ENTERPRISES, LLC Principal Place of Business Mailing Address 16300 EDGEMONT DRIVE 16300 EDGEMONT DRIVE FT. MYERS, FL 33908 FT. MYERS, FL 33908 CR2E083 (11/05) 04182006 No Chg-LLC DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number NOT APPLICABLE Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE CRIDER, JAMES M 16300 EDGEMONT DRIVE FT. MYERS, FL 33908 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2006 MANAGING MEMBERS/MANAGERS 9, TITLE CRIDER, JAMES M NAME 16300 EDGEMONT DR STREET ADDRESS U00000520646 CITY-ST-ZIP FORT MYERS, FL 33908 05/02/06-80104-004 50.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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

STREET ADDRESS CITY-ST-ZIP

Date

Daytime Phone #