2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 09, 2005
Secretary of State

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Entity Name: SOUTHERN MARKETING, L.L.C.

Current Principal Place of Business:

951 BROKEN SOUND PKWY., N.W., STE. 135
BOCA RATON, FL 33487

New Principal Place of Business:

Current Mailing Address:

951 BROKEN SOUND PKWY., N.W., STE. 135
BOCA RATON, FL 33487

New Mailing Address:

FEI Number: 48-1265532 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COHN, JERALD N
951 BROKEN SOUND PKWY., N.W., STE. 135
BOCA RATON, FL 33487 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: MGRP ( ) Delete
Name: COHN, JERALD N
Address: 951 BROKEN SOUND PKWY NW, STE 135
City-St-Zip: BOCA RATON, FL 33487

Title: P ( ) Delete
Name: TANNEN, DAVID E
Address: 951 BROKEN SOUND PKWY NW, STE 135
City-St-Zip: BOCA RATON, FL 33487

Title: P ( ) Delete
Name: HARTER, THOMAS R
Address: 951 BROKEN SOUND PKWY NW, STE 135
City-St-Zip: BOCA RATON, FL 33487

Title: P ( ) Delete
Name: REX, RAYMOND
Address: 951 BROKEN SOUND PKWY NW, STE 135
City-St-Zip: BOCA RATON, FL 33487

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: COHN, JERALD N
Address: 951 BROKEN SOUND PKWY NW, STE 135
City-St-Zip: BOCA RATON, FL 33487

Title: MGR (X) Change ( ) Addition
Name: TANNEN, DAVID E
Address: 951 BROKEN SOUND PKWY NW, STE 135
City-St-Zip: BOCA RATON, FL 33487

Title: MGR (X) Change ( ) Addition
Name: HERTER, THOMAS R
Address: 951 BROKEN SOUND PKWY NW, STE 135
City-St-Zip: BOCA RATON, FL 33487

Title: MGR (X) Change ( ) Addition
Name: REX, RAYMOND
Address: 951 BROKEN SOUND PKWY NW, STE 135
City-St-Zip: BOCA RATON, FL 33487

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: JERALD N COHN MGRM 02/09/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date