

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 15, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000017859 1. Entity Name SOUTHAIRE, LLC	
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03092004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 51-0430190	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent PALMER, PAUL 12790 S DIXIE HIGHWAY MIAMI, FL 33156
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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ **DATE** _____

**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRP PALMER, PAUL 12790 S DIXIE HWY MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HENDRIKSE, NELSON J 13200 SW 128 STREET #E-1 MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HENDRIKSE, MICHAEL 13200 SW 128 STREET #E-1 MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HENDRIKSE, NELSON J 13200 SW 128 STREET #E-1 MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PALMERS VENTURES, INC. 12790 S DIXIE HWY MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

1100000089699
03/15/04-80102-009 50.00

**DO NOT WRITE
IN THIS SPACE**

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

Date

Daytime Phone #

3/11/04 305-255-2632