

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 24, 2005 8:00 am**  
**Secretary of State**

01-24-2005 90103 018 \*\*\*\*50.00

|   |                                      |  |   |   |  |
|---|--------------------------------------|--|---|---|--|
| <b>DOCUMENT # L02000018760</b><br>1. Entity Name<br><b>SOUTHLAND EXTERIORS, LLC</b>   |                                      |  |   |   |  |
| Principal Place of Business<br><b>11000 METRO PARKWAY<br/>#5<br/>FORT MYERS, FL 33912 US</b>  |                                      |  | Mailing Address<br><b>11000 METRO PARKWAY<br/>#5<br/>FORT MYERS, FL 33912 US</b>  |   |  |
| 2. Principal Place of Business  |                                      | 3. Mailing Address   |   |   |  |
| Suite, Apt. #, etc.   |                                      | Suite, Apt. #, etc.  |   |   |  |
| City & State  |                                      | City & State   |   |   |  |
| Zip   | Country                              | Zip  | Country   | 4. FEI Number<br><b>54-2064629</b>  |  |
|   |                                      |  |   | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required |  |
| 6. Name and Address of Current Registered Agent<br><br><b>TROIANO, JOSEPH A<br/>2320 FIRST ST<br/>FORT MYERS, FL 33901</b>  |                                      |  | 7. Name and Address of New Registered Agent<br>Name <b>Ronald Sanford</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>7221 Hendry Creek Drive</b><br>City <b>Fort Myers</b> <b>FL</b> Zip Code <b>33908</b> |   |  |
| 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 reinstalling) DATE _____  |                                      |  |   |   |  |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2005</b>   |                                      | <b>Make check payable to<br/>Florida Department of State</b> |   |   |  |
| <b>9. MANAGING MEMBERS/MANAGERS</b>   |                                      |  | <b>10. ADDITIONS/CHANGES</b>  |   |  |
| TITLE   | MGRM <input type="checkbox"/> Delete |  | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| NAME  | SANFORD, RONALD                      |  | NAME  |   |  |
| STREET ADDRESS  | 11000-5 METRO PKWY                   |  | STREET ADDRESS  |   |  |
| CITY-ST-ZIP   | FORT MYERS, FL 33912                 |  | CITY-ST-ZIP   |   |  |
| TITLE   | S <input type="checkbox"/> Delete    |  | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| NAME  | SANFORD, DEBRA                       |  | NAME  |   |  |
| STREET ADDRESS  | 11000-5 METRO PKWY                   |  | STREET ADDRESS  |   |  |
| CITY-ST-ZIP   | FORT MYERS, FL 33912                 |  | CITY-ST-ZIP   |   |  |
| TITLE   | <input type="checkbox"/> Delete      |  | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| NAME  |                                      |  | NAME  |   |  |
| STREET ADDRESS  |                                      |  | STREET ADDRESS  |   |  |
| CITY-ST-ZIP   |                                      |  | CITY-ST-ZIP   |   |  |
| TITLE   | <input type="checkbox"/> Delete      |  | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| NAME  |                                      |  | NAME  |   |  |
| STREET ADDRESS  |                                      |  | STREET ADDRESS  |   |  |
| CITY-ST-ZIP   |                                      |  | CITY-ST-ZIP   |   |  |
| TITLE   | <input type="checkbox"/> Delete      |  | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| NAME  |                                      |  | NAME  |   |  |
| STREET ADDRESS  |                                      |  | STREET ADDRESS  |   |  |
| CITY-ST-ZIP   |                                      |  | CITY-ST-ZIP   |   |  |
| 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. |                                      |  |   |   |  |
| <b>SIGNATURE:</b> _____ Date _____ Daytime Phone # _____  |                                      |  |   |   |  |