

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**

**Jan 12, 2006 '08:00 AM  
Secretary of State**

**DOCUMENT # L02000018760**

**1. Entity Name  
SOUTHLAND EXTERIORS, LLC**



**Principal Place of Business  
11000 METRO PARKWAY  
#5  
FORT MYERS, FL 33912 US**

**Mailing Address  
11000 METRO PARKWAY  
#5  
FORT MYERS, FL 33912 US**



01092006No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number  
54-2064629**

**Applied For  
Not Applicable**

**5. Certificate of Status Desired**

**\$5.00 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**SANFORD, RONALD  
7221 HENDRY CREEK DRIVE  
FORT MYERS, FL 33908**

**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**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2006**

**1100000384815  
01/17/06-80030-017 55.00**

**9. MANAGING MEMBERS/MANAGERS**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST- ZIP  
MGRM  
SANFORD, RONALD  
11000-5 METRO PKWY  
FORT MYERS, FL 33912**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST- ZIP  
S  
SANFORD, DEBRA  
11000-5 METRO PKWY.  
FORT MYERS, FL 33912**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST- ZIP**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST- ZIP**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST- ZIP**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST- ZIP**

**DO NOT WRITE  
IN THIS SPACE**

**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 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 #

**Ronald Sanford 1/10/06 239 936-8344**