


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 19, 2007 8:00 am
Secretary of State

01-19-2007 90132 024 ****55.00

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
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip 33966 Country	3. Mailing Address Suite, Apt. #, etc. City & State Zip 33966 Country
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01092007 Chg-LLC CR2E083 (12/06)

4. FEI Number 54-2064629	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent SANFORD, RONALD 7221 HENDRY CREEK DRIVE FORT MYERS, FL 33908	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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
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Filing Fee is \$50.00 Due by May 1, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SANFORD, RONALD 11000-5 METRO PKWY FORT MYERS, FL 33912 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	C.E.O. Sanford, Ronald 11000-5 Metro PKWY Fort Myers FL 33966 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SANFORD, DEBRA 11000-5 METRO PKWY FORT MYERS, FL 33912 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	C.F.O. Sanford Debra 11000-5 Metro PKWY Fort Myers FL 33966 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <i>Debra Sanford</i> C.F.O.	Date 1-11-07	Daytime Phone # 239 936-8311
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