

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000026133

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**Entity Name:** SOUTH FLORIDA ASSET MANAGEMENT, LLC

**Current Principal Place of Business:**

9162 LAKE FISCHER BLVD  
GOTHA, FL 34734

**New Principal Place of Business:**

**Current Mailing Address:**

9162 LAKE FISCHER BLVD  
GOTHA, FL 34734

**New Mailing Address:**

2668 EAST 1900 NORTH RD  
MOWEAQUA, IL 62550

FEI Number: 43-2023946

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ALWARD, GRANT P  
9162 LAKE FISCHER BLVD  
GOTHA, FL 34734 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/MANAGERS:**

Title: MGRM  
Name: ALWARD, GRANT P  
Address: 2  
City-St-Zip: MOWEAQUA, IL 62550

I hereby 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: GRANT P. ALWARD

PRES

04/30/2012

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