

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 04, 2008 08:00 AM
Secretary of State

DOCUMENT # L02000026345

1. Entity Name
SOUTHERN RESERVES, L.L.C.



Principal Place of Business
**14024 N.W. HIGHWAY 441
ALACHUA, FL 32616**

Mailing Address
**PO BOX 1857
ALACHUA, FL 32616**



01282008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number

55-0808785

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BROWN, EDGAR A ESQ.
13939 INDRIOD ROAD
FORT PIERCE, FL 34945**

**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 _____

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
BEALE, JOSEPH E JR
3 SEAHORSE LN
VERO BEACH, FL 339605213**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
STEWART, NICK T
133 ANCHOR DR
VERO BEACH, FL 32963**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
WIGGINS, J ARDENE
PO BOX 1857
ALACHUA, FL 32616**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
BROWN RANCH INC
13939 INDRIOD RD
FORT PIERCE, FL 34945**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000881360
04/15/08-80098-008 138.75

**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

Joseph A Wiggins

4/1/08

Date

386.418.4000

Daytime Phone #