


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Feb 24, 2005 08:00 AM
Secretary of State**

DOCUMENT # L02000027131	
1. Entity Name SOUTHERN GULF TITLE, L.L.C.	

Principal Place of Business 3013 DEL PRADO BLVD. #10 CAPE CORAL, FL 33904	Mailing Address 3013 DEL PRADO BLVD. #10 CAPE CORAL, FL 33904
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DO NOT WRITE IN THIS SPACE



02222005No Chg-LLC

CR2E083 (10/03)

4. FEI Number 13-4215783	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

**GENNARO, MICHAEL
4835 DEL PRADO BOULEVARD
CAPE CORAL, FL 33904**

**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, 2005**

U00000242028
02/24/05-80064-009 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MILES, DIEDRE 3013 DEL PRADO BLVD. #10 CAPE CORAL, FL 33904
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IN THIS SPACE**

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.

SIGNATURE:  **DEIDRE MILES** **2-22-05** **239. 949.2795.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #