

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 12, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000031555

1. Entity Name
SOUTHWINGS, LLC



Principal Place of Business
825 SPARTANBURG HIGHWAY #12
HENDERSONVILLE, NC 28739

Mailing Address
P.O. BOX 340155
TAMPA, FL 33694-0155



03102004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
42-1560161

Applied For
Not Applicable

5. Certificate of Status Desired ☒

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

FERGUSON, RICHARD
4653 GENOA DRIVE
AMELIA ISLAND, FL 32034

**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, 2004**

000000111036
04/12/04-80107-004 55.00

9. MANAGING MEMBERS/MANAGERS

TITLE	P
NAME	FERGUSON, RICHARD
STREET ADDRESS	4653 GENOA DRIVE
CITY - ST - ZIP	AMELIA ISLAND, FL 32034
TITLE	VP
NAME	HILSON, WILLIAM
STREET ADDRESS	6745 SOUTH TROPICAL TRAIL
CITY - ST - ZIP	MERRITT ISLAND, FL 32952
TITLE	ST
NAME	HOUHA, NANCY
STREET ADDRESS	6745 SOUTH TROPICAL TRAIL
CITY - ST - ZIP	MERRITT ISLAND, FL 32952
TITLE	MGR
NAME	FREES, BRIAN
STREET ADDRESS	303 BUNCOMBE STREET
CITY - ST - ZIP	HENDERSONVILLE, NC 28739
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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

NANCY HOUGA

3/24/04

813.920
1331