


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90448 034 ****50.00

DOCUMENT # L02000032312 1. Entity Name SOUTHERN GLEN, LLC					
Principal Place of Business 317 CENTRE STREET FERNANDINA BEACH, FL 32034			Mailing Address 317 CENTRE STREET FERNANDINA BEACH, FL 32034		
2. Principal Place of Business 1325 Atlantic Ave. Suite, Apt. #, etc.		3. Mailing Address P. O. Box 706 Suite, Apt. #, etc.			
City & State Fernandina Beach, FL		City & State Fernandina Beach, FL		4. FEI Number 59-3762666	
Zip 32034		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MOTOLAW, INC. 50 NORTH LAURA STREET, SUITE 2500 JACKSONVILLE, FL 32202			7. Name and Address of New Registered Agent Name William J. Mock, Jr. Street Address (P.O. Box Number is Not Acceptable) 1325 Atlantic Ave. City Fernandina Beach FL Zip Code 32034		
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 _____					
Filing Fee is \$50.00 Due by May 1, 2004			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MOCK, WILLIAM J JR 317 CENTRE STREET FERNANDINA BEACH, FL 32034	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1325 Atlantic Ave.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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 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: _____ 4/20/04 904-2618822 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					