

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90029 019 ****50.00

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03212007 Chg-LLC CR2E083 (12/06)

DOCUMENT # L02000032312 1. Entity Name SOUTHERN GLEN, LLC					
Principal Place of Business 1325 ATLANTIC AVE. FERNANDINA BEACH, FL 32034			Mailing Address P.O. BOX 706 FERNANDINA BEACH, FL 32035		
2. Principal Place of Business - No P.O. Box # 1890 S. 14th St. Suite, Apt. #, etc. Suite 200		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3762666	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MOCK, WILLIAM J JR 1325 ATLANTIC AVE. FERNANDINA BEACH, FL 32034				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1890 S. 14th St. Suite 200 City FL Zip Code	
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, 2007				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 1325 ATLANTIC AVE. FERNANDINA BEACH, FL 32034	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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.			4/24/07 904-261-8822		
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date Daytime Phone #		