



# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 20, 2006 8:00 am**  
**Secretary of State**

02-20-2006 90138 020 \*\*\*\*85.00

<b>DOCUMENT # L02000033091</b> 1. Entity Name <b>SUNSOUTH FLORIDA FINANCIAL GROUP, LLC</b>					
Principal Place of Business <b>300 NORTH WAUKESHA STREET BONIFAY, FL 32425</b>			Mailing Address <b>PO BOX 65 BONIFAY, FL 32425</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number <b>36-4515356</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>MEDLEY, MICHAEL A 300 NORTH WAUKESHA STREET BONIFAY, FL 32425</b>			7. Name and Address of New Registered Agent Name <b>Brian K. James</b> Street Address (P.O. Box Number is Not Acceptable) <b>300 N. Waukesha Street</b> City <b>Bonifay</b> <b>FL</b> Zip Code <b>32425</b>		
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		<b>Brian K. James</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		02/09/2006 <small>DATE</small>	
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <b>JAMES, BRIAN K</b> <b>4117 INDIAN TRAIL</b> <b>DESTIN, FL 32541</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEE ATTACHED FOR ADDITIONS AND CHANGES <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <b>MEDLEY, MICHAEL A</b> <b>1009 MCGEE ROAD</b> <b>BONIFAY, FL 32425</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <b>MCCANN, MICHAEL P</b> <b>34 WOODMERE DRIVE</b> <b>DOTHAN, AL 36305</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <b>BEAN, MICHAEL A</b> <b>106 HIDDEN PINE PL</b> <b>DOTHAN, AL 36305</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <b>BELCHER, JOHN</b> <b>403 ORCHARD CIRCLE</b> <b>DOTHAN, AL 36305</b> <input checked="" type="checkbox"/> Delete		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"/> Delete		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 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: 		<b>Brian K. James</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		02/09/2006 <small>Date</small>	
				(850) 547-3624 <small>Daytime Phone #</small>	

# ATTACHMENT

2000881

## # L02000033091 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #L02000033091

### SUNSOUTH FLORIDA FINANCIAL GROUP, LLC

#### 11. ADDITIONS / CHANGES TO OFFICERS AND DIRECTORS

TITLE	C	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	Brian K. James		
STREET ADDRESS	300 N. Waukesha Street		
CITY-ST-ZIP	Bonifay, FL 32425		
TITLE	S	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Steve Thames		
STREET ADDRESS	300 N. Waukesha Street		
CITY-ST-ZIP	Bonifay, FL 32425		
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

# ATTACHMENT

20008881  
# L02000033091

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of \_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: SUNSOUTH FLORIDA FINANCIAL GROUP, LLC
2. The principal office address: 300 N WAUKESHA ST  
BONIFAY, FL 32425
3. The mailing address (if different): P.O. BOX 65  
BONIFAY, FL 32425
4. Date of incorporation/qualification: 12/10/02 Document number: L02000033091
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

MICHAEL A MEDLEY

300 N WAUKESHA ST

BONIFAY, FL 32425

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

BRIAN K JAMES

155 CRYSTAL BEACH DRIVE - SUITE 108

(P.O. Box NOT acceptable)

BONIFAY, FL 32541

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Michael A. Bean  
(Signature of an officer or director)

Michael A. Bean, MGR  
(Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

[Signature]  
(Signature of Registered Agent)

1/17/06  
(Date)

If signing on behalf of an entity:

Brian K James  
(Typed or Printed Name)

\*\*\* FILING FEE: \$35.00 \*\*\*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314  
CR2E045 (8/05)

ATTACHMENT  
20008881  
# L020000033091  
COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Sun South Florida Financial Group, LLC  
(Name of Limited Liability Company)

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Brian James  
(Name of Person)

(Firm/Company)

185 Crystal Beach Dr. Ste. 108  
(Address)

Destin, FL 32541  
(City/State and Zip Code)

For further information concerning this matter, please call:

Brian James  
(Name of Person)

at ( 850 ) 654-9031  
(Area Code & Daytime Telephone Number)

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

ATTACHMENT

20008881

# 002000033091

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR  
BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the limited liability company is: SunSouth Florida Financial Group, LLC
2. The mailing address of the limited liability company is : 155 Crystal Beach Drive St. 108 Destin, FL 32541  
12/10/02 202000033091
3. Date of filing/registration in Florida
4. Document number

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Michael A. Medley  
Name  
300 N. Waukesha St.  
Address  
Bonifay, FL 32425  
City, State and Zip

6. The name and address of the new registered agent and/or office:

Brian E. James  
Name  
155 Crystal Beach Drive St. 108  
Florida street address (P.O. Box NOT acceptable)  
Destin FL 32541  
City, State and Zip

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

(Signature of a member or authorized representative of a member)

(Printed or typed name of signee)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

(Signature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314  
FILING FEE: \$25.00