2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2008
Secretary of State

DOCUMENT# L02000033091

Entity Name: SUNSOUTH FLORIDA FINANCIAL GROUP, LLC

Current Principal Place of Business:

300 NORTH WAUKESHA STREET
BONIFAY, FL 32425

New Principal Place of Business:

Current Mailing Address:

PO BOX 65
BONIFAY, FL 32425

New Mailing Address:

FEI Number: 36-4515356 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

BRIAN, JAMES K
300 NORTH WAUKESHA STREET
BONIFAY, FL 32425 US

Name and Address of New Registered Agent:

JAMES, BRIAN K
300 NORTH WAUKESHA STREET
BONIFAY, FL 32425 US

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.

SIGNATURE: BRIAN K JAMES 05/01/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: CEO ( ) Delete
Name: JAMES, BRIAN K
Address: 155 CRYSTAL BEACH DR., STE. 108
City-St-Zip: DESTIN, FL 32541

Title: PC (X) Delete
Name: THAMES, STEVE
Address: 300 N. WAUKESHA ST.
City-St-Zip: BONIFAY, FL 32425

ADDITIONS/CHANGES:

Title: CEO (X) Change ( ) Addition
Name: SHADBURN, JAN
Address: 300 NORTH WAUKESHA ST
City-St-Zip: BONIFAY, FL 32425

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JAN SHADBURN CEO 05/01/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date