


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90069 021 \*\*\*\*50.00

|  |   |
|--|---|
| <b>DOCUMENT # L02000034609</b>               |  |
| 1. Entity Name<br><b>SOUTHLAND GROUP LLC</b> |   |

|   |   |
|---|---|
| Principal Place of Business<br><b>300 N. RONALD REAGAN BLVD<br/>STE. 311<br/>LONGWOOD, FL 32750</b> | Mailing Address<br><b>300 N. RONALD REAGAN BLVD<br/>STE. 311<br/>LONGWOOD, FL 32750</b> |
|---|---|

24037330



|                                |                     |
|--------------------------------|---------------------|
| 2. Principal Place of Business | 3. Mailing Address  |
| Suite, Apt. #, etc.            | Suite, Apt. #, etc. |

04192004 Chg-LLC CR2E083 (10/03)

|              |              |
|--------------|--------------|
| City & State | City & State |
|--------------|--------------|

|                                    |  |
|------------------------------------|--|
| 4. FEI Number<br><b>30-0137234</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|------------------------------------|--|

|     |         |     |         |
|-----|---------|-----|---------|
| Zip | Country | Zip | Country |
|-----|---------|-----|---------|

|   |
|---|
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required. |
|---|

|   |  |
|---|--|
| 6. Name and Address of Current Registered Agent<br><br><b>COSTAR, CHARLES B III<br/>315 EAST ROBINSON STREET STE. 600<br/>ORLANDO, FL 32801</b> |  |
|---|--|

|  |          |
|--|----------|
| 7. Name and Address of New Registered Agent        |          |
| Name   |          |
| Street Address (P.O. Box Number is Not Acceptable) |          |
| City   |          |
| <b>FL</b>  | Zip Code |

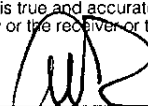
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

|           |  |      |
|-----------|--|------|
| SIGNATURE | Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) | DATE |
|-----------|--|------|

|   |  |
|---|--|
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2004</b> | <b>Make check payable to<br/>Florida Department of State</b> |
|---|--|

| 9. MANAGING MEMBERS/MANAGERS                   |  | 10. ADDITIONS/CHANGES                          |   |
|--|--|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br><del>WEX NORMAN</del><br><del>300 N. RONALD REAGAN BLVD STE 311</del><br><del>LONGWOOD FL 32750</del> <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>PLUSH, ALAN C<br>1605 MAIN STREET, SUITE 610<br>SARASOTA, FL 34236 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>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:         | ALAN C. PLUSH | 4/26/04 | 941.363.7301    |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE |               | Date    | Daytime Phone # |