

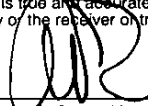


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 04, 2005 8:00 am
Secretary of State

04-04-2005 90433 030 ****50.00

DOCUMENT # L02000034609 1. Entity Name SOUTHLAND GROUP LLC					
Principal Place of Business 300 N. RONALD REAGAN BLVD STE. 311 LONGWOOD, FL 32750			Mailing Address 300 N. RONALD REAGAN BLVD STE. 311 LONGWOOD, FL 32750		
2. Principal Place of Business 1605 Main Street Suite, Apt. #, etc. Suite 610		3. Mailing Address 1605 Main Street Suite, Apt. #, etc. Suite 610			
City & State Sarasota, FL		City & State Sarasota, FL		03292005 Chg-LLC CR2E083 (10/03)	
Zip 34236		Country U.S.		4. FEI Number 30-0137234	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable			
6. Name and Address of Current Registered Agent COSTAR, CHARLES B III 315 EAST ROBINSON STREET STE. 600 ORLANDO, FL 32801			7. Name and Address of New Registered Agent Name Jenifer Schembri Street Address (P.O. Box Number is Not Acceptable) 240 South Pineapple Ave. City Sarasota FL Zip Code 34230		
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, 2005				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PLUS, ALAN C 1605 MAIN STREET SUITE 610 SARASOTA, FL 34236	<input 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"/> 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: 		3/29/05		9413637501	
SIGNATURE AND SIGNED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date		Daytime Phone #	