


2005 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 SEP 23 AM 10:03

DOCUMENT # L03000011108 1. Entity Name GREAT SOUTHERN ENTERPRISES, L.L.C.					
Principal Place of Business 7227 7TH PLACE NORTH WEST PALM BEACH, FL 33463			Mailing Address 7227 7TH PLACE NORTH WEST PALM BEACH, FL 33463		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
GORDON, HOWARD W ESQ. 100 SE 2ND STREET 17 FLOOR MIAMI, FL 33131			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Amended AR is \$50.00		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST- ZIP	P WHITESIDE, ANDREW 3281 PERIMETER DRIVE LAKE WORTH, FL 33467 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST- ZIP	VP Hudson, David 6126 Riviera Drive Lake Wales, FL 33898 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	VP WHITESIDE, DARRELL 5173 WOODLAND DRIVE DELRAY BEACH, FL 33484 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST- ZIP	EVP Whiteside, Darrell 5173 Woodland Drive Delray Beach, FL 33484 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	ST WHITESIDE, MARY K 3281 PERIMETER DRIVE LAKE WORTH, FL 33467 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST- ZIP	AS Hecker, Kelly 3562 S.W. Parson Street Port St. Lucie, FL 34953 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	S BOYLES, JUDY 102 PRINCESS COURT ROYAL PALM BEACH, FL 33411 <input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="text-align: center;"> 600060502276 10/11/05--01071--004 **50.00 </div>		
TITLE NAME STREET ADDRESS CITY-ST- ZIP	ASVP WHITESIDE, STACY K 700 W. PINE STREET WYTHEVILLE, VA 24382 <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	ASVP WHITESIDE, DUSTIN T 700 W. PINE STREET WYTHEVILLE, VA 24382 <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 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: <i>Judy Boyles, Secty.</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date: 9/20/05 Daytime Phone #: 561-753-8210		