2005 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

AMENDED ANNUAL REPORT								On FILE	n		
DOCUMENT # L03000011108							DIVIS	CRETARY O	F STAT	F	
1. Entity Name								, QE, TI,	PORATI	ŌNS	
GREAT SOUTHERN ENTERPRISES, L.L.C.							05	SEP 23 AI	4 IO: 03	}	
Principal Place of Business Mailing Address									- 0		
7227 7TH PLACE NORTH			7227 7TH PLACE NORTH			1					
WEST PALM BEACH, FL 33463			WEST PALM BEACH, FL 33463				. COLUMN THE WATER STREET	HARIN ARANDI KANDI G	1 86 1 11 00 11110 1 4	KISTRI KII ITTAL	
2. Principal P	lace of Busin	ess	3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.			09202005	Chg-LLC	CR2E(083 (10/03)	ı	
City & State			City & State Zip Country			4. FEI Numb 55-082			N	pplied For ot Applicable	
Zip			Zip	itry	5. Certificate of Status Desired \$5.00 Additional Fee Required 7. Name and Address of New Registered Agent						
	b. Name	and Address of Current I	Name		7. Name and	Address of New	Registered	Agent			
GORDON, 100 SE 2N	D STREE		Street Addres			idress (i	s (P.O. Box Number is Not Acceptable)				
17 FLOOR MIAMI, FL	=										
					City	FL Zip Code					de
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											
Amended AR is \$50.00									ike check p da Departm	-	te
9.		MANAGING MEMBER	RS/MANAGERS	10.				ADDITION	S/CHANGES	3	·
TITLE NAME	144 155				E .	VP Hudson, David ☐ Change XXX					XIX Addition
STREET ADDRESS		IMÉTER DRIVE		NAME HILLES			6 Riviera Drive				
CITY-ST-ZIP	LAKE WO	RTH, FL 33467		CITY	-ST-ZIP	Lake	Wales,	FL 3389	8		
TITLE	VP	DE DADDEL!	Delete	mu	1	EVP		Daws 11		∑ KChange	Addition
NAME STREET ADDRESS		DE, DARRELL DDLAND DRIVE		NAM! STRE	E Et address	5173	eside, Woodla	nd Drive			
CITY-ST-ZIP	DELRAY	BEACH, FL 33484			-ST-ZIP	Delr	ay Beac	h, FL 33	484		
TIFLE NAME	ST Delde TITU WHITESIDE, MARY K NAM					AS	ror Vol	1 **		Change	XX Addition
STREET ADDRESS	3281 PER	NAM! STRE	ET ADDRESS	Hecker, Kelly 3562 S.W. Parson Street							
CITY-ST-ZIP		RTH, FL 33467		спу	-ST-ZIP	Port	St. Lu	cie, FL	34953		
TITLE Name	S BOYLES,	אמנוו.	Delete	TITLE						Change	☐ Addition
STREET ADDRESS	SS 102 PRINCESS COURT			STRE	TADDRESS EDDO				gsog	275	
CITY-ST-ZIP	ASVP	ALM BEACH, FL 33411	Delete	TITLE	-ST-ZIP		1071	1/05010	7100	4 **50 □ Change	
NAME	L.	DE, STACY K	C.1 Detate	NAME	I.						Addition
STREET ADDRESS CITY-ST-ZIP		NE STREET LLE, VA 24382		1	ET ADDRESS -ST-ZIP						,
TITLE	ASVP		☐ Delete	TITLE					· 	☐ Change	☐ Addition
NAME WHITESIDE, DUSTIN T STREET ADDRESS 700 W. PINE STREET				NAM							
STREET ADDRESS 700 W. PINE STREET STREET CITY-ST-2P WYTHEVILLE, VA 24382 CITY-											
1d. 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: SUCH BOYLES SIGNATURE: 9/20/05 SO1-753-82/0 BROMATURE: AND TYPED ON PRINTED HAMES BROMEN MANAGERS, OR AUTHORIZED REPRESENTATIVE Date Design Design Proves 4											
						THE PERSON	~· <i>~*</i>	.⊬ate '	C	Auytime Phone #	