

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000011108

FILED
Jun 13, 2006
Secretary of State

Entity Name: GREAT SOUTHERN ENTERPRISES, L.L.C.

Current Principal Place of Business:

7227 7TH PLACE NORTH
WEST PALM BEACH, FL 33463

New Principal Place of Business:

Current Mailing Address:

7227 7TH PLACE NORTH
WEST PALM BEACH, FL 33463

New Mailing Address:

FEI Number: 55-0824438 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:

Name and Address of New Registered Agent:

GORDON, HOWARD W ESQ.
100 SE 2ND STREET
17 FLOOR
MIAMI, FL 33131 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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: P () Delete
Name: WHITESIDE, ANDREW
Address: 3281 PERIMETER DRIVE
City-St-Zip: LAKE WORTH, FL 33467

Title: EVP () Delete
Name: WHITESIDE, DARRELL
Address: 5173 WOODLAND DRIVE
City-St-Zip: DELRAY BEACH, FL 33484

Title: ST () Delete
Name: WHITESIDE, MARY K
Address: 3281 PERIMETER DRIVE
City-St-Zip: LAKE WORTH, FL 33467

Title: S () Delete
Name: BOYLES, JUDY
Address: 102 PRINCESS COURT
City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: ASVP () Delete
Name: WHITESIDE, STACY K
Address: 700 W. PINE STREET
City-St-Zip: WYTHEVILLE, VA 24382

Title: ASVP () Delete
Name: WHITESIDE, DUSTIN T
Address: 700 W. PINE STREET
City-St-Zip: WYTHEVILLE, VA 24382

ADDITIONS/CHANGES:

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

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

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

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

Title: COO (X) Change () Addition
Name: WHITESIDE, CLARENCE L
Address: 3281 PERIMETER DRIVE
City-St-Zip: LAKE WORTH, FL 33467

Title: AS (X) Change () Addition
Name: HECKER, KELLY J
Address: 3562 S.W. PARSON STREET
City-St-Zip: PORT ST. LUCIE, FL 34953

I hereby certify that the information supplied with this filing does not qualify for the 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: JUDY BOYLES

S

06/13/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date