

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000011108

FILED
Apr 30, 2009
Secretary of State

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

Current Principal Place of Business:

7227 7TH PLACE NORTH
WEST PALM BEACH, FL 33411

New Principal Place of Business:

8470 BELVEDERE ROAD
WEST PALM BEACH, FL 33411

Current Mailing Address:

7227 7TH PLACE NORTH
WEST PALM BEACH, FL 33411

New Mailing Address:

8470 BELVEDERE ROAD
WEST PALM BEACH, FL 33411

FEI Number: 55-0824438

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HARMON, BLAKE M ESQ.
4701 N. FEDERAL HIGHWAY
SUITE #480
POMPANO BEACH, FL 33064 US

Name and Address of New Registered Agent:

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, STACEY K
Address: 700 W PINE STREET
City-St-Zip: WYTHEVILLE, VA 24382

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

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

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

ADDITIONS/CHANGES:

Title: AST (X) Change () Addition
Name: WHITESIDE, STACY K
Address: 700 W PINE STREET
City-St-Zip: WYTHEVILLE, VA 24382

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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

04/30/2009

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