## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000016653

1. Entity Name SOUTHSIDE LEESBURG, LLC



FILED
Apr 16, 2008 08:00 A
Secretary of State

Principal Place of Business

1900 THE EXCHANGE, SUITE 180 ATLANTA, GA 30339

Mailing Address

1900 THE EXCHANGE, SUITE 180 ATLANTA, GA 30339



02112008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number	 Applied	For
30-0175907	Not App	licable
5. Certificate of Status Desired	\$5.00 Additional Fee Required	

## DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BATTILLO, WILLIAM S 23318 OAK PRAIRE CIR SORRENTO, FL 32776 . ...

SIGNATURE:

DO NOT WRITE IN THIS SPACE

the obligat	ions of registered agent.	•	
SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reinstating)	DATE .
FILE After May	NOW!!! FEE IS \$138.75 / 1, 2008 Fee will be \$538.75	U00 04/29/	000900718 '08-80040-010 138.75
9.	MANAGING MEMBERS/MANAGERS		5 m e 12
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR O'NEILL, TIMOTHY J JR. 1900 THE EXCHANGE, SUITE 180 ATLANTA, GA 30339		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	9	DO NOT	WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS	SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. 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.

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