

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 10, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # L03000020558**

1. Entity Name  
**SOUTHERN CAY, LLC**



Principal Place of Business  
**301 VETERANS BLVD  
DENHAM SPRINGS, LA 70726**

Mailing Address  
**301 VETERANS BLVD  
DENHAM SPRINGS, LA 70726**

**DO NOT WRITE IN THIS SPACE**



01042005No Chg-LLC

CR2E083 (10/03)

4. FEI Number  
**20-0348422**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**NRAI SERVICES, INC.  
526 E. PARK AVE.  
TALLAHASSEE, FL 32301**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2005**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGR
NAME	QUIRK, GENE JR
STREET ADDRESS	301 VETERANS BLVD
CITY - ST - ZIP	DENHAM SPRINGS, LA 70726
TITLE	MGR
NAME	QUIRK, CYNTHIA
STREET ADDRESS	301 VETERANS BLVD
CITY - ST - ZIP	DENHAM SPRINGS, LA 70726
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

000000175668  
01/10/05-80056-020 50.00

**DO NOT WRITE  
IN THIS SPACE**

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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

**1-5-05**

Date

**225-664-6697**

Daytime Phone #