

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90047 002 \*\*\*\*50.00

24034101



03102004 Chg-LLC CR2E083 (10/03)

<b>DOCUMENT # L03000020716</b>	
1. Entity Name <b>SOUTHERN FAMILY, LLC</b>	



Principal Place of Business <b>16485 LAGUNA CANYON RD., STE 250 IRVINE, CA 92618</b>	Mailing Address <b>16485 LAGUNA CANYON RD., STE 250 IRVINE, CA 92618</b>
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2. Principal Place of Business <b>301 Veterans Blvd.</b>	3. Mailing Address <b>301 Veterans Blvd.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Denham Springs, LA</b>	City & State <b>Denham Springs, LA</b>
Zip <b>70726</b>	Country <b>USA</b>
Zip <b>70726</b>	Country <b>USA</b>

4. FEI Number <b>20-0348359</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent	
<b>NRAI SERICES, INC 526 E PARK AVE TALLAHASSEE, FL 32301</b>	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$50.00 Due by May 1, 2004</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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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:** \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_