2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

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DOCUMENT # L03000020716

SOUTHERN FAMILY, LLC



FILED Mar 14, 2006 08:00 AM **Secretary of State**

Principal Place of Business

301 VETERANS BLVD DENHAM SPRINGS, LA 70726 Mailing Address

301 VETERANS BLVD DENHAM SPRINGS, LA 70726



02172006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-0348359

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

5. Name and Address of Current Registered Agent

NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4

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WESTON,	FL 33331	110	HIS SPACE
	named entity submits this statement for the purpose of chains of registered agent.	anging its registered office or registered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
IGNATURE_	Signature, typed or printed name of registered agent and fills if applicable	(NOTE: Registered Agen(signature required when remistating)	DATE
	iling Fee is \$50.00 ue by May 1, 2006		
	MANAGING MEMBERS/MANAGERS		
TLE	MGR		
AME	QUIRK, GENE JR		98990467575 03/23/96-89955-011 50.00
TREET ADDRESS	301 VETERANS BLVD	I	
TY-ST-ZIP	DENHAM SPRINGS, LA 70726		
	WOD		

DILE MGR QUIRK, CYNTHIA NAME STREET ADDRESS 301 VETRANS BLVD. CITY ST-ZIP DENHAM SPRINGS, LA 70726 tttt F STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-DP 3111 F NAME STREET ADDRESS

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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 trusteg empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

CHY-ST-ZIP

NAME STREET ADDRESS C)TY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING WE

BER, OR AUTHORIZED REPRESENTATIVE

225-464-4697