2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000020716

1. Entity Name
SOUTHERN FAMILY, LLC



Principal Place of Business

301 VETERANS BLVD DENHAM SPRINGS, LA 70726 Mailing Address

301 VETERANS BLVD DENHAM SPRINGS, LA 70726 FILED Feb 12, 2007 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

01032007 No Chg-LLC

CR2E083 (11/05)

Daytime Phone #

4. FEt Number	Applied For
20-0348359	Not Applicable
5. Certificate of Status Desired	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331

CITY-ST-ZIP

SIGNATURE:

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the purpose of chan lions of registered agent.	iging its registered	d office or registered agent, or both,	in the State of Florida. I am familiar with, and accept	
SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable.	(NOTE, Registered A	Agent signature required when reinstating)	DATE	
Filing Fee is \$50.00 Due by May 1, 2007					
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE	MANAGING MEMBERS/MANAGERS MGR QUIRK, GENE JR 301 VETERANS BLVD DENHAM SPRINGS, LA 70726 MGR QUIRK, CYNTHIA 301 VETRANS BLVD. DENHAM SPRINGS, LA 70726	•		U00000633385 02/21/07-80060-010 50.00	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP				NOT WRITE HIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	·				

11. I hereby certify that the information supplied with this filling 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.

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