2006 LIMITED LIABILITY COMPANY

ANNUAL REPORT

DOCUMENT # L03000023212

STREET ADORESS CITY-ST-ZIP

SIGNATURE: MR. By:

FT. LAUDERDALE-BROWARD, LLC



Principal Place of Business

_Mailing Address

1401 LIVINGSTON LANE JACKSON, MS 39213

PO BOX 78 JACKSON, MS 39205

FILED

Apr 04, 2006 08:00 AM Secretary of State

DO NOT WRITE IN THIS SPACE

8. Name and Address of Current Registered Agent

i innermit mit dafen fliet detit enell de	der ander eekna eeren einen eers ander een annen eer (4) ind
nanaannekin Cha-LLC	CR2E083 (11/05)

Applied For 4. FEI Number 55-0834629 Not Applicable \$5.00 Additional

5. Certificate of Status Desired

Fee Required

Daytime Phone 5

JENNEWEIN, JONATHAN P 3700 BANK OF AMERICA PLAZA 101 EAST KENNEDY BLVD. TAMPA, FL 33602

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the purpose of changi ions of registered agent.	ng its registered office or registered agent, or bot	h, in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title if equicable	(NOTE: Registered Agent signature required when reinstating)	DATE
FI D	iling Fee is \$50.00 ue by May 1, 2006		
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SOUTHERN FARM BUREAU LIFE INSURANCE CO. 1401 LIVINGSTON LANE JACKSON, MS 39213		
TITLE NAME STREET AOORESS CITY-ST-ZIP			800000491718 04/19/06-8003 5-806 50.00
TITLE NAME STREET ADDRESS CITY-ST-EIP	_	_ DO	NOT WRITE
TITLE NAME STITEET ADDRESS CITY-ST-ZIP		IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME			

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 timited liability company or the received on this report as required by Chapter 608, Florida Statutes.

By: Southern farm Surrau Life Insurance Co., Member

MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

desident, Realty Investments