2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 03, 2005
Secretary of State

DOCUMENT# L03000023415

Entity Name: OLD SOUTHERN PROPERTIES, L.L.C.

Current Principal Place of Business:

700 N 9TH AVENUE
SUITE A
PENSACOLA, FL 32502

New Principal Place of Business:

PO BOX 12342
PENSACOLA, FL 32591

Current Mailing Address:

557 E ROMANA STREET
PENSACOLA, FL 32502

New Mailing Address:

PO BOX 12342
PENSACOLA, FL 32591

FEI Number: 20-0150784 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

COOLEY, WILLIAM R
557 E ROMANA STREET
PENSACOLA, FL 32502 US

Name and Address of New Registered Agent:

COOLEY, WILLIAM R
PO BOX 12342
PENSACOLA, FL 32591 US

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.

SIGNATURE: _____ 01/03/2005
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete
Name: COOLEY, WILLIAM R
Address: 557 E ROMANA STREET
City-St-Zip: PENSACOLA, FL 32502

Title: MGRM ( ) Delete
Name: COOLEY, KAYCI
Address: 557 E ROMANA STREET
City-St-Zip: PENSACOLA, FL 32502

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: COOLEY, WILLIAM R
Address: PO BOX 12342
City-St-Zip: PENSACOLA, FL 32591

Title: MGRM (X) Change ( ) Addition
Name: COOLEY, KAYCI
Address: PO BOX 12342
City-St-Zip: PENSACOLA, FL 32591

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: KAYCI COOLEY CEO 01/03/2005
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date