


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000028734		
1. Entity Name SOUTHERN BUILDERS CONSTRUCTION COMPANY LLC		

Principal Place of Business 1936 NANTICOKE CIRCLE TALLAHASSEE, FL 32303	Mailing Address PO BOX 4234 TALLAHASSEE, FL 32315-4234
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country

Zip	Country	Zip	Country
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6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145	
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04062004	Chg-LLC	CR2E083 (10/03)
4. FEI Number 200129215		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required

7. Name and Address of New Registered Agent	
Name Elizabeth R. Maxwell	
Street Address (P.O. Box Number is Not Acceptable) 1936 NANTICOKE CIRCLE	
TALLAHASSEE FL 32315	Zip Code FL

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 <i>Elizabeth R. Maxwell</i>	DATE 4/6/04

Filing Fee is \$50.00 Due by May 1, 2004	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE MGR	<input type="checkbox"/> Delete	TITLE MGR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MAXWELL, ELIZABETH R.		NAME	
STREET ADDRESS 1936 NANTICOKE CIRCLE		STREET ADDRESS	
CITY-ST-ZIP TALLAHASSEE, FL 32303		CITY-ST-ZIP	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: <i>Elizabeth R. Maxwell</i>	DATE: 4/6/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	

FILED
04 APR -7 AM 10:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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