

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000029502

Entity Name: SSA DEVELOPERS, L.L.C.

FILED
Apr 22, 2005
Secretary of State

Current Principal Place of Business:

1501 VERDUE CIRCLE
BIRMINGHAM, AL 35226

New Principal Place of Business:

Current Mailing Address:

1501 VERDUE CIRCLE
BIRMINGHAM, AL 35226

New Mailing Address:

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAMPBELL, JAMES S
BEGGS & LANE, RLLP
501 COMMENDENCIA STREET
PENSACOLA, FL 32502 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: SPEIGNER, JAMES M
Address: 1501 VERDUE CIRCLE
City-St-Zip: BIRMINGHAM, AL 35226

Title: MGRM () Delete
Name: AYCOCK, JEFF
Address: 1501 VERDUE CIRCLE
City-St-Zip: BIRMINGHAM, AL 35226

Title: MGRM () Delete
Name: STRICKLAND, ROBERT E
Address: 1501 VERDUE CIRCLE
City-St-Zip: BIRMINGHAM, AL 35226

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JAMES M. SPEIGNER

M

04/22/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date