

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000029515

FILED  
Aug 04, 2004  
Secretary of State

**Entity Name:** SOUTHERN COATING SYSTEMS, L.L.C.

**Current Principal Place of Business:**

1830 HYPOLUXO ROAD, SUITE B-25  
LAKE WORTH, FL 33462

**New Principal Place of Business:**

1000 NW 54 STREET  
SUITE S-1  
MIAMI, FL 33127 US

**Current Mailing Address:**

1830 HYPOLUXO ROAD, SUITE B-25  
LAKE WORTH, FL 33462

**New Mailing Address:**

420 LINCOLN ROAD  
SUITE M-1  
MIAMI BEACH, FL 33139 US

**FEI Number:** 76-0755576

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CRISTOBAL, RUIZ M  
12226 S.W. 17TH LANE, #105  
MIAMI, FL 33175 US

**Name and Address of New Registered Agent:**

STANFORD, MIKE  
1830 HYPOLUXO ROAD  
SUITE A-24  
LAKE WORTH, FL 33462 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: MIKE STANFORD

08/04/2004

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGRM ( ) Change (X) Addition  
Name: STANFORD, MIKE A  
Address: 1840 HYPOLUXO ROAD, SUITE A-24  
City-St-Zip: LAKE WORTH, FL 33462 US

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: MIKE STANFORD

MGRM

08/04/2004

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