

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 21, 2005 8:00 am
Secretary of State

03-21-2005 90534 042 ****50.00

DOCUMENT # L03000036056
 1. Entity Name
 SOUTHERN HOUSING SOLUTIONS, LLC



Principal Place of Business
 2020 W. PENSACOLA STREET
 SUITE 27
 TALLAHASSEE, FL 32304

Mailing Address
 2020 W. PENSACOLA STREET PO BOX 2535
 SUITE 27
 TALLAHASSEE, FL 32304 Tallahassee, FL 32316

20023109



DO NOT WRITE IN THIS SPACE

02032005 No Chg-LLC CR2E083 (10/03)

4. FEI Number 56-2383742	Applied For Not Applicable
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5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
 LEONI, STEVEN M
 2020 W. PENSACOLA STREET
 SUITE 27
 TALLAHASSEE, FL 32304

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
 Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SHS MANAGEMENT, LLC 2020 W. PENSACOLA STREET TALLAHASSEE, FL 32304
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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:  03-15-05 5803131
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #