

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

07 APR 27 AM 8:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01252007 No Chg-LLC CR2E083 (11/05)

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



Principal Place of Business: 2020 W. PENSACOLA STREET, SUITE 27, TALLAHASSEE, FL 32304 US
Mailing Address: P.O. BOX 2535, TALLAHASSEE, FL 32316 US

DO NOT WRITE IN THIS SPACE

4. FEI Number: 56-2383742 Applied For: Not Applicable
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, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SHS MANAGEMENT, LLC P O BOX 2535 TALLAHASSEE, FL 32316
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ **Date:** 4/16/07 **Daytime Phone #:** 850-580-3131
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE