## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000044183

## SOUTHERN OPERATIONS ENTERPRISE LLC 200233nn Principal Place of Business Mailing Address 1700 N. MCMULLEN BOOTH ROAD 1700 N. MCMULLEN BOOTH ROAD SUITE C1 SUITE C1 CLEARWATER, FL 33759-2129 CLEARWATER, FL 33759-2129 2. Principal Place of Business 3. Mailing Address Suite, Apl. #, etc. Suite, Apt. #, etc. 03152005 Chg-LLC CR2E083 (10/03) City & State City & State 4. FEI Number Applied For 33-1078788 Not Applicable Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PUZZITIELO, ROSS A Street Address (P.O. Box Number is Not Acceptable) 4153 ARLINGTON RD. PALM HARBOR, FL 34685 . . Zip Code City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Make check payable to Filing Fee is \$50.00 Due by May 1, 2005 Florida Department of State 9. MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10 MGRP TITLE TITLE Delete MGRM Change ☐ Addition PUZZITIELLO, ROSS A NAME PARK COMPANIES LTD. CO. NAME 1700:N. MCMULLEN BOOTH RD #C-1 STREET ADDRESS 1700 N. MCMULLEN BOOTH ROAD, SUITE C-1 STREET ADDRESS CITY+ST-ZIP CLEARWATER, FL 33759 CITY-ST-ZIP CLEARWATER, FL 33759-2129 MGRV Addition TIT) F TITLE Change Delete NAME PUZZITIELLO, RICHARD A JR. NAME 13370 PROSPECT RD. STREET ADDRESS STREET ADDRESS STRONGSVILLE, OH 44149 CITY-ST-ZIP CITY-ST-ZIP MGRT Delete ■ Delete ☐ Change Addition TITLE TITLE PUZZITIELLO, ROGER A NAME NAME STREET ADDRESS 13370 PROSPECT RD. STREET ADDRESS STRONGSVILLE, OH 44149 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete THTLE ☐ Change ■ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Detete ☐ Addition TITLE ☐ Change TITLE NAME NAME STREET ADORESS 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 INTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Przifielle,

CEO

Jr.

RICHARD

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

03-21-2005 90537 001 \*\*\*\*55.00