


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**

**Feb 02, 2005 08:00 AM  
Secretary of State**

<b>DOCUMENT # L03000057139</b>	
<b>1. Entity Name</b> SOUTHERN STYLES BY SUZANNE, LLC	

<b>Principal Place of Business</b> 9325 NE 25TH AVE ANTHONY, FL 32617 US	<b>Mailing Address</b> PO BOX 862 OCALA, FL 34478 US
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01182005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

<b>4. FEI Number</b> 40-6084224	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b>  SHUFFITT, SUZANNE H 9325 NE 25TH AVE ANTHONY, FL 32617
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**DO NOT WRITE  
IN THIS SPACE**

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

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

<b>9. MANAGING MEMBERS/MANAGERS</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST- ZIP</b>	MGRM SHUFFITT, SUZANNE H 9325 NE 25TH AVE OCALA, FL 32617
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST- ZIP</b>	
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02/02/05-80087-003 50.00

**DO NOT WRITE  
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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:** Suzanne Shuffitt **1-28-05** **352**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone # 266-6414