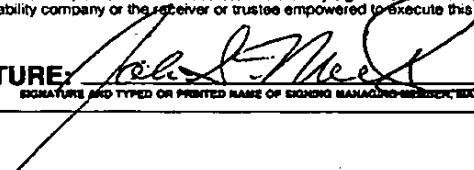


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 03, 2005 8:00 am
Secretary of State

01-31-2005 90196 019 ****50.00

DOCUMENT # L04000001104				
1. Entity Name SOUTHERN INVESTMENT FUNDING, LLC				
Principal Place of Business 1175 GEORGE RYAN RD DELAND, FL 32720		Mailing Address 1175 GEORGE RYAN RD DELAND, FL 32720		
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent		
MACDONALD, JOHN A III 1175 GEORGE RYAN RD DELAND, FL 32720		Name		
		Street Address (P.O. Box Number is Not Acceptable)		
		City		
		FL Zip Code		
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 _____ Signature, typed or printed name of registered agent and fee 4 applicable. (NOTE: Registered Agent signature required when re-registering) DATE _____				
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM MACDONALD, JOHN A III 1175 GEORGE RYAN RD DELAND, FL 32720	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM TAYLOR, DUANE R 8415 13TH ST NW WASHINGTON, DC 20012	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM DARLINGTON, KURT M 874 WESTCHESTER DR DELAND, FL 32724	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
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: 		1-22-05 386-80-1289		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone		