

2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

FILED
Mar 27, 2007 8:00 am
Secretary of State

02-12-2007 90303 032 ***150.00

DOCUMENT # L04000005303 1. Entity Name SOUTHERN WOOD WORKS, LLC			
Principal Place of Business 477 DON GRAFF RD. FREEPORT, FL 32439		Mailing Address 477 DON GRAFF RD. FREEPORT, FL 32439 US	
2. Principal Place of Business - No P.O. Box # 2928 CLAY HILL RD		3. Mailing Address P.O. BOX 531	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State PONCE DE LEON FL		City & State FREEPORT FL	
Zip 32455	Country HOLMES	Zip 32439	Country WALTON
4. FEI Number 02-0714559		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		01262007 Chg-LLC CR2E083 (12/06)	
6. Name and Address of Current Registered Agent CLARK, PATRICK E 477 DON GRAFF RD. FREEPORT, FL 32439		7. Name and Address of New Registered Agent 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 <u><i>Patrick E. Clark</i></u> DATE <u>2-2-07</u> <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR CLARK, PATRICK E 477 DON GRAFF RD. FREEPORT, FL 32439	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u><i>Patrick E. Clark</i></u>		Date <u>3-23-07</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Daytime Phone #</small>	