

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000005516

FILED  
Jun 24, 2009  
Secretary of State

**Entity Name:** SOUTH SHOAL DEVELOPMENT GROUP, L.L.C.

**Current Principal Place of Business:**

1656 METROPOLITAN CIR  
TALLAHASSEE, FL 32308

**New Principal Place of Business:**

22 MARDI GRAS WAY  
ALLIGATOR POINT, FL 32346

**Current Mailing Address:**

1656 METROPOLITAN CIR  
TALLAHASSEE, FL 32308

**New Mailing Address:**

22 MARDI GRAS WAY  
ALLIGATOR POINT, FL 32346

FEI Number: 20-1285773      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

LAMB, MARION D III  
217 PINEWOOD DRIVE  
TALLAHASSEE, FL 32303      US

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: FLING, STEVE  
Address: 676 ALLIGATOR DR  
City-St-Zip: ALLIGATOR POINT, FL 32346

**ADDITIONS/CHANGES:**

Title: MGR      (X) Change ( ) Addition  
Name: FLING, STEVE  
Address: 22 MARDI GRAS WAY  
City-St-Zip: ALLIGATOR POINT, FL 32346

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: STEVE FLING

MGR

06/24/2009

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date