

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000007432

Entity Name: SOUTHERN EXTERIOR, LLC

FILED
May 15, 2006
Secretary of State

Current Principal Place of Business:

120 SUNSET DRIVE
LONGWOOD, FL 32750

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 520122
LONGWOOD, FL 32752

New Mailing Address:

FEI Number: 20-2568001 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:

KUFEL, GARY
120 SUNSET DRIVE
LONGWOOD,, FL 32750 US

Name and Address of New Registered Agent:

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: MGRM () Delete
Name: KUFEL, GARY
Address: 120 SUNSET DRIVE
City-St-Zip: LONGWOOD, FL 32750

Title: MGR () Delete
Name: KUFEL, GRETCHEN
Address: 120 SUNSET DRIVE
City-St-Zip: LONGWOOD, FL 32750

Title: MGR () Delete
Name: KUFEL, TIMOTHY
Address: 1077 CROSSCUT
City-St-Zip: LONGWOOD, FL 32750

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: GARY KUFEL

MGMR

05/15/2006

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