

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 20, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000008307

1. Entity Name
SOUTHERN COMFORT ENTERPRISES LLC



Principal Place of Business
**2004 CHICKASAW TRAIL
ORLANDO, FL 32825**

Mailing Address
**2004 CHICKASAW TRAIL
ORLANDO, FL 32825**



02222006No Chg-LLC

CR2E063 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
84-1642578

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**COWARD, JACK R
2004 CHICKASAW TRAIL
ORLANDO, FL 32825**

**DO NOT WRITE
IN THIS SPACE**

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 title if applicable

(NOTE: Registered Agent signature required when renewing)

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	COWARD, JACK R
STREET ADDRESS	2004 CHICKASAW TRAIL
CITY-ST-ZIP	ORLANDO, FL 32825
TITLE	MGRM
NAME	COWARD, SHARON K
STREET ADDRESS	2004 CHICKASAW TRAIL
CITY-ST-ZIP	ORLANDO, FL 32825
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000475626
04/05/06-80023-009 50.00

**DO NOT WRITE
IN THIS SPACE**

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:

Jack R. Coward

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

3-14-06

Date

407-273-1156

Daytime Phone #