


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 13, 2006 8:00 am**  
**Secretary of State**

02-13-2006 90187 046 \*\*\*\*50.00

<b>DOCUMENT # L04000009533</b>	
1. Entity Name <b>SOUTHERN BUILDERS, LLC.</b>	

Principal Place of Business <b>36931 STATE ROAD 54 - WEST ZEPHYRHILLS, FL 33541</b>	Mailing Address <b>12305 CLEAR LAKE DR NEW PORT RICHEY, FL 34654</b>
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**20007327**



2. Principal Place of Business <i>12305 Clear Lake Dr</i>	3. Mailing Address <i>12305 Clear Lake Dr</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

01052006 Chg-LLC CR2E083 (11/05)

City & State <i>New Port Richey FL</i>	City & State <i>New Port Richey FL</i>
Zip <i>34654</i>	Zip <i>34654</i>
Country <i>FLA</i>	Country <i>FLA</i>

4. FEI Number <b>20-0682700</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>BAILEY, JOEL T 4209 GALL BLVD. ZEPHYRHILLS, FL 33542</b>	
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7. Name and Address of New Registered Agent	
Name <i>John Carpenter</i>	
Street Address (P.O. Box Number is Not Acceptable) <i>12305 CLEAR LAKE DR</i>	
City <i>New Port Richey</i>	FL Zip Code <i>34654</i>

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 <i>[Signature]</i>	DATE <i>2/5/06</i>
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**Filing Fee is \$50.00  
Due by May 1, 2006**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CARPENTER, JOHN R 36931 STATE ROAD 52-WEST ZEPHYRHILLS, FL 33541 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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
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
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
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

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: <i>[Signature]</i>	DATE <i>2/5/06</i>
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