


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 25, 2007 8:00 am**  
**Secretary of State**

01-25-2007 90087 036 \*\*\*\*50.00

<b>DOCUMENT # L04000009533</b> 1. Entity Name <b>SOUTHERN BUILDERS, LLC.</b>																											
Principal Place of Business <b>12305 CLEAR LAKE DR NEW PORT RICHEY, FL 34654</b>		Mailing Address <b>12305 CLEAR LAKE DR NEW PORT RICHEY, FL 34654</b>																									
2. Principal Place of Business - No P.O. Box # <b>12305 CLEAR LAKE DR</b> Suite, Apt. #, etc.		3. Mailing Address <b>12305 CLEAR LAKE DR</b> Suite, Apt. #, etc.																									
City & State <b>New Port Richey, FL</b> Zip <b>34654</b>		City & State <b>New Port Richey, FL</b> Zip <b>34654</b>																									
Country <b>FLA</b>		Country <b>FLA</b>																									
4. FEI Number <b>20-0682700</b>		Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00 Additional Fee Required</b>																									
6. Name and Address of Current Registered Agent  <b>CARPENTER, JOHN 12305 CLEAR LAKE DR NEW PORT RICHEY, FL 34654</b>		7. Name and Address of New Registered Agent Name <b>John R Carpenter</b> Street Address (P.O. Box Number is Not Acceptable) <b>12305 CLEAR LAKE DR</b> City <b>New Port Richey</b> <b>FL</b> Zip Code <b>34654</b>																									
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  DATE <b>1-21-07</b> <small>Signature of registered agent or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																											
<b>Filing Fee is \$58.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>																									
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">MGR</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>CARPENTER, JOHN R</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>36931 STATE ROAD 52-WEST</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>ZEPHYRHILLS, FL 33541</td> <td></td> </tr> </table>		TITLE	MGR	<input type="checkbox"/> Delete	NAME	CARPENTER, JOHN R		STREET ADDRESS	36931 STATE ROAD 52-WEST		CITY-ST-ZIP	ZEPHYRHILLS, FL 33541		10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;"></td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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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.																											
<b>SIGNATURE:</b> 		Date <b>1-21-07</b> Daytime Phone # <b>727-379-0654</b>																									