

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT


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FILED
Apr 07, 2005 8:00 am
Secretary of State

03-08-2005 90028 041 ****50.00

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1. Entity Name
SOUTHERN LAND MANAGEMENT, L.L.C.



Principal Place of Business Mailing Address
703 WOODROW DRIVE **703 WOODROW DRIVE**
AUBURNDALE, FL 33823 FL **AUBURNDALE, FL 33823 FL**

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



01152005 Chg-LLC CR2E083 (10/03)

6. Name and Address of Current Registered Agent

TAYLOR, HUGH V JR.
703 WOODROW DRIVE
AUBURNDALE, FL 33823

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City _____ **FL** Zip Code _____

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)

Filing Fee is \$50.00
Due by May 1, 2005

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TAYLOR, HUGH V JR. 703 WOODROW DRIVE AUBURNDALE, FL 33823 <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
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date: **3/1/05** Daytime Phone #: **863 412-5441**

SOLE MANAGER