

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000018184

FILED
Jan 15, 2007
Secretary of State

Entity Name: SOUTHERN EXPOSURE, LLC

Current Principal Place of Business:

790 BRIGHTWATER CIR
MAITLAND, FL 327514215

New Principal Place of Business:

Current Mailing Address:

790 BRIGHTWATER CIR
MAITLAND, FL 327514215

New Mailing Address:

FEI Number: 20-0835415

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TOMASELLI, JOSEPH A
790 BRIGHTWATER CIR
MAITLAND, FL 327514215 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: MGR () Delete
Name: TOMASELLI, JOSEPH A
Address: 790 BRIGHTWATER CR.
City-St-Zip: MAITLAND, FL 32751 US

Title: MGR () Delete
Name: JULIAN, HARLAN B
Address: 3524 KILMARNOCK DRIVE
City-St-Zip: APOPKA, FL 32712 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

Title: MGR (X) Change () Addition
Name: HARLAN, JULIAN B
Address: 3524 KILMARNOCK DRIVE
City-St-Zip: APOPKA, FL 32712 US

Title: MGR () Change (X) Addition
Name: TOMASELLI, DEBRA A
Address: 790 BRIGHTWATER CR
City-St-Zip: MAITLAND, FL 32751 US

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: DEBRA A. TOMASELLI

MGR

01/15/2007

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