





# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 28, 2005 8:00 am**  
**Secretary of State**

03-28-2005 90286 001 \*\*\*\*55.00

|   |   |  |  |  |   |
|---|---|--|--|--|---|
| <b>DOCUMENT # L04000018304</b><br>1. Entity Name<br><b>SOUTHERN EQUITIES GROUP LLC</b>  |   |  |  |   |   |
| Principal Place of Business<br><b>109 22ND ST.<br/>NICEVILLE, FL 32578</b>  |   |  | Mailing Address<br><b>109 22ND ST.<br/>NICEVILLE, FL 32578</b>   |  |   |
| 2. Principal Place of Business<br><b>1102 CORAL DR</b><br>Suite, Apt. #, etc.   |   | 3. Mailing Address<br><b>1102 CORAL DR</b><br>Suite, Apt. #, etc.          |  |  |   |
| City & State<br><b>NICEVILLE FL</b><br>Zip <b>32578</b> Country <b>USA</b>  |   | City & State<br><b>NICEVILLE FL</b><br>Zip <b>32578</b> Country <b>USA</b> |  | 4. FEI Number<br><b>20-0890861</b>   |   |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>  |   |  |  | Applied For<br><input type="checkbox"/> Not Applicable                             |   |
| 6. Name and Address of Current Registered Agent<br><br><b>BRINKLEY, BURT O<br/>109 22ND ST.<br/>NICEVILLE, FL 32578</b>   |   |  | 7. Name and Address of New Registered Agent<br>Name <b>DALE P. BERRYHILL</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>1102 CORAL DR</b><br>City <b>NICEVILLE FL</b> Zip Code <b>32578</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.<br>SIGNATURE  <b>DALE P. BERRYHILL</b> DATE <b>23 MAR 05</b><br><small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))</small> |   |  |  |  |   |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2005</b>   |   | <b>Make check payable to<br/>Florida Department of State</b>               |  |  |   |
| <b>9. MANAGING MEMBERS/MANAGERS</b>   |   |  | <b>10. ADDITIONS/CHANGES</b>   |  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>MGRM<br/>BERRYHILL, DALE P<br/>1102 CORAL DR.<br/>NICEVILLE, FL 32578</b>                | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                     | <b>MGRM<br/>BRINKLEY, BURT O.<br/>109 22ND ST<br/>NICEVILLE, FL 32578</b> |
| <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition  |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition          |  |  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>MGRM<br/>BUCKLEY, DONALD R<br/>1916 WEST MISTRAL LANE<br/>FT. WALTON BEACH, FL 32547</b> | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                     |   |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition          |  |  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>MGRM<br/>CAUGHMAN, CARL<br/>198 ROSE MARIE LANE<br/>FT. WALTON BEACH, FL 32548</b>       | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                     |   |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition          |  |  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>MGRM<br/>THERIOT, MICHAEL J<br/>1408 PERAL S. BUCK<br/>NICEVILLE, FL 32578</b>           | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                     |   |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition          |  |  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                     |   |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition          |  |  |   |
| 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:  <b>DALE P. BERRYHILL</b> DATE <b>23 MAR 05</b> <b>850-621-2419</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>   |   |  |  |  |   |