

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

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

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

DOCUMENT # L04000018304		
1. Entity Name SOUTHERN EQUITIES GROUP LLC		

Principal Place of Business 109 22ND ST. NICEVILLE, FL 32578	Mailing Address 109 22ND ST. NICEVILLE, FL 32578
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2. Principal Place of Business <b>1102 CORAL DR</b> Suite, Apt. #, etc.	3. Mailing Address <b>1102 CORAL DR</b> Suite, Apt. #, etc.
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City & State <b>NICEVILLE FL</b>	City & State <b>NICEVILLE FL</b>
Zip <b>32578</b>	Country <b>USA</b>
Zip <b>32578</b>	Country <b>USA</b>

6. Name and Address of Current Registered Agent  BRINKLEY, BURT O 109 22ND ST. NICEVILLE, FL 32578	7. Name and Address of New Registered Agent  Name <b>DALE P. BERRYHILL</b> Street Address (P.O. Box Number is Not Acceptable)  <b>1102 CORAL DR</b> City <b>NICEVILLE</b> Zip Code <b>32578</b>
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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 DALE P. BERRYHILL DATE 23 MAR 05  
Signature, typed or printed name of registered agent and the date applicable. (NOTE: Registered Agent signature required when registering)

Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BERRYHILL, DALE P 1102 CORAL DR. NICEVILLE, FL 32578	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BRINKLEY, BURT O. 109 22ND ST NICEVILLE, FL 32578	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BUCKLEY, DONALD R 1916 WEST MISTRAL LANE FT. WALTON BEACH, FL 32547	<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	MGRM CAUGHMAN, CARL 198 ROSE MARIE LANE FT. WALTON BEACH, FL 32548	<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	MGRM THERIOT, MICHAEL J 1408 PERAL S. BUCK NICEVILLE, FL 32578	<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 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: DALE P. BERRYHILL DATE 23 MAR 05 DAYTIME PHONE # 850-621-2419  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #