

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000025365

Entity Name: SOUTHWOODS, LLC

FILED
Jul 21, 2005
Secretary of State

Current Principal Place of Business:

2755 FERNWICK ROAD
PENSACOLA, FL 32526

New Principal Place of Business:

2755 FENWICK ROAD
PENSACOLA, FL 32526

Current Mailing Address:

2755 FERNWICK ROAD
PENSACOLA, FL 32526

New Mailing Address:

2755 FENWICK ROAD
PENSACOLA, FL 32526

FEI Number: 34-1990960 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

MOORHEAD, STEPHEN R
4300 BAYOU BOULEVARD STE. 13
PENSACOLA, FL 32503 US

Name and Address of New Registered Agent:

RAWSON, CODY L
2755 FENWICK RD
PENSACOLA, FL 32526 US

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: CODY RAWSON

07/21/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: RAWSON, CODY
Address: 2755 FERNWICK ROAD
City-St-Zip: PENSACOLA, FL 32526

Title: MGR () Delete
Name: WEAVER, RUSSELL
Address: 2755 FERNWICK ROAD
City-St-Zip: PENSACOLA, FL 32526

ADDITIONS/CHANGES:

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: CODY RAWSON

MGR

07/21/2005

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