2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 14, 2008 08:00 A
Secretary of State

DOCUMENT # L04000026937

1. Entity Name
SOUTHERN INVESTMENT ASSOCIATES, LLC

Principal Place of Business	Mailing Address
2235 CRUMP ROAD WINTER HAVEN, FL 33881	2235 CRUMP ROAD WINTER HAVEN, FL 33881

DO NOT WRITE IN THIS SPACE

04072008 No Chg-LLC CR2E083 (12/07)

4. FEI Number
20-2070629
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

MYERS, C.B. III
202 E. STUART AVENUE
LAKE WALES, FL 33853

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

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

U00000896199
04/24/08-80098-010 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	DONLEY, ROGER
STREET ADDRESS	2235 CRUMP ROAD
CITY-ST-ZIP	WINTER HAVEN, FL 33881
TITLE	MGR
NAME	DONLEY, TERRY W
STREET ADDRESS	2235 CRUMP ROAD
CITY-ST-ZIP	WINTER HAVEN, FL 33881
TITLE	MGR
NAME	FORREST, RALPH
STREET ADDRESS	9124 DOLLANGER CT.
CITY-ST-ZIP	ORLANDO, FL 32819
TITLE	MGR
NAME	LAYNE, JERRY
STREET ADDRESS	2323 CYPRESS GARDENS BLVD.
CITY-ST-ZIP	WINTER HAVEN, FL 33884
TITLE	MGR
NAME	MYERS, C.B. III
STREET ADDRESS	202 E. STUART AVENUE
CITY-ST-ZIP	LAKE WALES, FL 33853
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Roger Donley 4-11-08 863-324-4564
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #