


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 09, 2005 8:00 am
Secretary of State

09-09-2005 90116 008 ****50.00

DOCUMENT # L04000033604	
1. Entity Name SOUTHWARD INTERNATIONAL, LLC	

Principal Place of Business 2881 E. OAKLAND PARK BLVD. SUITE 214 FT. LAUDERDALE, FL 33306	Mailing Address 2881 E. OAKLAND PARK BLVD. SUITE 214 FT. LAUDERDALE, FL 33306
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20060068



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

06282005 Chg-LLC CR2E083 (10/03)

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
TALIK, GREGORY B 4525 POINCIANA ST. #12 LAUDERDALE BY THE SEA, FL 33308		Name GREGORY B. TALIK Street Address (P.O. Box Number is Not Acceptable) 2881 E OAKLAND PARK BLVD City FORT LAUDERDALE FL Zip Code 33306	

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 Drew B. Talik DATE 9-6-2005
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by September 7, 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 TALIK, GREGORY B 4525 POINCIANA ST., #12 LAUDERDALE BY THE SEA, FL 33308 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TALIK, GREGORY B. 223 MARINE CT #203 LAUDERDALE BY THE SEA FL 33308 <input checked="" 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
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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: Drew B. Talik DATE 9-6-2005 DAYTIME PHONE # 954-315-1705
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE