

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 06, 2008 08:00 AM
Secretary of State

DOCUMENT # L04000036630 1. Entity Name SOUTHERN TRADITIONS DESIGN STUDIO, LLC.	
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Principal Place of Business 7461 SOUTH SUNCOAST BLVD. HOMOSASSA, FL 34446 US	Mailing Address 7461 SOUTH SUNCOAST BLVD. HOMOSASSA, FL 34446 US
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DO NOT WRITE IN THIS SPACE



01242008No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-1166088	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent ANTILL, LINDA 7461 SOUTH SUNCOAST BLVD. HOMOSASSA, FL 34446
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**DO NOT WRITE
IN THIS SPACE**

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

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SOUTHERN TRADITIONS FURNITURE GALLERY, INC 7461 SOUTH SUNCOAST BLVD. HOMOSASSA, FL 34446
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02/15/08-80013-021 138.75

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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 its receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  **RHONDA ATWOOD MANAGER** 4 FEB 08 3523822141
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #