

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000049379

FILED
Feb 18, 2009
Secretary of State

Entity Name: SOUTHERN BOYS INVESTMENT GROUP, LLC

Current Principal Place of Business:

713 SEMINOLE RIDGE ROAD
MELROSE, FL 32666

New Principal Place of Business:

Current Mailing Address:

C/O RAY COX
PO BOX 674
MIDLAND CITY, AL 36350

New Mailing Address:

FEI Number: 01-0818103 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MCKINNON, ABRAHAM C
595 W. GRANADA BLVD., SUITE A
ORMOND BEACH, FL 32174 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: JOHNSON, DOUG
Address: 713 SEMINOLE RIDGE ROAD
City-St-Zip: MELROSE, FL 32666

Title: MGRM () Delete
Name: BROOKING, KEITH
Address: 883 LENNOX COURT
City-St-Zip: ATLANTA, GA 30324

Title: MGRM () Delete
Name: COX, RAY
Address: 324 BOCAGE DRIVE
City-St-Zip: DOTHAN, AL 36303

ADDITIONS/CHANGES:

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

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 exemption stated in Chapter 119, 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: RAY COX

MGRM

02/18/2009

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