

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90057 021 ****50.00

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| DOCUMENT # L04000059033 | | | | | |
| 1. Entity Name SOUTHERN SPECIALIZED LLC | | | | | |
| Principal Place of Business 1812 NW MAIN BLVD LAKE CITY, FL 32055 US | | | Mailing Address PO BOX 1925 LAKE CITY, FL 32056 US | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 4. FEI Number 20-1971237 | |
| Zip | | Country | | Zip | |
| Country | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent BUCHNER, RONALD T 1812 NW MAIN BLVD LAKE CITY, FL 32056 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City | | |
| FL | | | Zip Code | | |
| 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 fee if applicable. | | DATE 4-24-06 | |
| Filing Fee is \$50.00 Due by May 1, 2006 | | Make check payable to Florida Department of State | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM BUCHNER, RONALD T 1812 MW MAIN BLVD, PO BOX 1925 LAKE CITY, FL 32056 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM BUCHNER, BRIAN D 5099 NORTHWEST LASSIE BLACK STREET WHITE SPRINGS, FL 32096 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | | | |
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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"/> Delete | | | | |
| 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: | | Signature, typed or printed name of signing managing member, manager, or authorized representative | | Date 4-24-06 | |
| 888-752-9754 | | Daytime Phone # | | | |