2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

FILED Mar 05, 2007 08:00 AN **Secretary of State**

DOCUMENT	#L04000065062
1. Entity Name	

SOUTHPAW, L.L.C.

ORANGE CITY, FL 32763

Principal Place of Business 1120 EAST WISCONSIN AVENUE

Mailing Address

POST OFFICE BOX 710708 ORANGE CITY, FL 32774-0708



01182007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 59-3571685

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CUTRONA, JERRY M

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	T WISCONSIN AVENUE CITY, FL 32763	IN THIS SPACE
	named entity submits this statement for the purpose of changing its relions of registered agent.	egistered office or registered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable. (NOTE.	Registered Agent signature required when reinstating) DATE
Fi D	iling Fee is \$50.00 uo by May 1, 2007	U00000554875 03/13/07-80080-023 50.00
9. TITLE NAME STREET ADDRESS CSTY-ST-ZIP TITLE NAME STREET ADDRESS CSTY-ST-ZIP TITLE NAME STREET ADDRESS CSTY-ST-ZIP CSTREET ADDRESS CSTY-ST-ZIP	MANAGING MEMBERS/MANAGERS PS CUTRONA, JERRY M. 1120 EAST WISCONSIN AVENUE ORANGE CITY, FL 32763 T CUTRONA, MELINDA 1120 EAST WISCONSIN AVENUE ORANGE CITY, FL 32763	DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	. —	IN THIS SPACE
TITLE NAME STREET ADDRESS CITY_ST_TIP		

11. I hereby certify that the information supplied with this tiling 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:	71	el

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone *