# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Apr 30, 2005**
**Secretary of State**

DOCUMENT# L04000068913

**Entity Name:** SOUTHERN CUSTOM LIVING, LLC

**Current Principal Place of Business:**

15049 TAMARIND CAY CT
1301
FT MYERS, FL 33908

**New Principal Place of Business:**

**Current Mailing Address:**

15049 TAMARIND CAY CT
1301
FT MYERS, FL 33908

**New Mailing Address:**

**FEI Number: 30-0273953** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

RASHLEY, DENISE R
15049 TAMARIND CAY CT
1301
FT MYERS, FL 33908 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/MEMBERS:**

Title: MGRM ( ) Delete
Name: RASHLEY, DENISE R
Address: 15049 TAMARIND CAY CT #1301
City-St-Zip: FT MYERS, FL 33908

Title: MGRM ( ) Delete
Name: JONES, MICHAEL E
Address: 3622 MARGINA CIRCLE
City-St-Zip: BONITA SPRINGS, FL 34134

**ADDITIONS/CHANGES:**

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 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 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: DENISE R. RASHLEY MGRM 04/30/2005

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