## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## Secretary of State **DOCUMENT # L04000069829** 02-21-2006 90180 012 \*\*\*\*50.00 SOUTHERN INVESTMENTS OF INDIAN RIVER COUNTY, L.L.C. Principal Place of Business OFUUUUUA 126 43RB AVENUE SW 126 43RD AVENUE SW VERO BEACH, FL 32968 VERÓ BEACH, FL 32968 2. Principal Place of Business 3. Mailing Address AMANE. 710 Suite, Apt. #, etc. Suite, Apt. #, etc 02012006 Chg-LLC CR2E083 (11/05) SUME City & State 4. FEI Number Applied For 51-0525119 Not Applicable INDIAN RIPOR \$5.00 Additional 5. Certificate of Status Desired П Fee Required 5. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name COASTAL CORPORATE SERVICES, INC. Street Address (P.O. Box Number Is Not Acceptable) 1701 HIGHWAY A1A, SUITE 220 VERO BEACH, FL 32963 City 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 title if applicable. (NOTE: Registered Agent eignature required when reinstating) Make check payable to Filing Fee is \$50.00 Due by May 1, 2006 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9. MGRM ☐ Addition TITLE ☐ Channe TITLE Delete ADAMS, PAUL L NAME NAME .. STREET ADDRESS 126 43RD AVENUE SW STREET ADDRESS CITY-ST-ZIP . VERO BEACH, FL 32968 CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TILLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TILE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition □ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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** Daytime Phone # AND TYPED OR PRINTED NAME OF BIGHT MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

Feb 21, 2006 8:00 am