## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Jul 11, 2005 8:00 am Secretary of State

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DOCUMENT # L04000072412  1. Entity Name SOUTHERN FIDELITY HOLDING, LLC							07-11-2005 90			0.00		
Principal Place 107 WEST 5T TALLAHASSEE	'H AVENUE		Mailing Address 107 WEST 5TH AVENUE TALLAHASSEE, FL 32303			\\ \Z\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\						
2. Principal Pla	ace of Business	Ctr. Blvd.	3. Mailing Address 2255 Killea	rn Ch	Blvd							
Suite, Apt. #, etc. 101			Suite, Apt. #, etc.			07062005	Chg-LLC	CR2E08	3 (10/03)			
City & State <u>Tallaha</u>		<u>L</u>	City & State Tallahassee			4. FEI Numb	64094 <u>1</u>		_ <del> </del>	pplied For at Applicable		
32309		ountry JSA	32309	Country USI	4	5. Certificate	of Status Desired		5.00 Add ee Required			
	6. Name and	Address of Current R	egistered Agent	Ni	ame	7. Name and	Address of New Reg	istered A	gent			
SUNDBERG, WILLIAM L ESQ SUNDBERG & HESSMAN, P.A.					Street Address (P.O. Box Number is Not Acceptable)							
107 WEST 5TH AVENUE TALLAHASSEE, FL 32303												
				Ci	ity			FL	Zip Code	e		
	named entity sub ions of registered		the purpose of changing its r	registered of	ffice or regist	tered agent, or bo	th, in the State of Florid	da. I am fa	miliar with,	and accept		
	•	-3-										
SIGNATURE _	einst - tond a non		AND A CONTRACTOR MICHAEL	Description of the				0475				
SIGNATURE _	Signature, typed or print	ed name of registered agent an	id title if applicable. (NOTE:	. Registered Ager	nt signature requi	red when reinstating)		DATE				
Filli	Signature, typed or print ing Fee is \$5 by September	0.00	od trife if applicable. (NOTE:	. Registered Agei	nt signature requi	red when reinstating)		check pa	yable to	9		
Filli	ing Fee is \$5	0.00		Registered Ager				check pa Departme	-	B		
Fili Due b	ing Fee is \$5	0.00 7, 2005			Me Jay	GRM mes Anth Y Millstor	ADDITIONS/C ony Gragane re Plantation	check pa Departme	-	e Addition		
9.  IITLE NAME STREET ADDRESS	ing Fee is \$5	0.00 7, 2005	IS/MANAGERS	10. TITLE NAME STREET ADI	MG Jav 251 Tal MG Cha 250	SRM mes Anth y Millstov lahassee RM rHes W. W ob Vada R	ADDITIONS/C ony Gragane ve Plantation FL 32312 hittaker d.	check pa Departme HANGES	nt of State			
9.  ITILE NAME STREET ADDRESS CITY-SI-ZIP ITILE NAME STREET ADDRESS	ing Fee is \$5	0.00 7, 2005	IS/MANAGERS	10. TITLE NAME STREET ADI CITY-SI-Z TITLE NAME STREET ADI CITY-SI-Z TITLE NAME NAME	IDRESS 251 Tal MG Cha JORESS 250 Ba MG Tim	FRM mes Anth y Millstor lahessee RM ob Vada R in bridge RM othy L. Si Box 1950	ADDITIONS/C only Gragane we Plantation FL 32312 hittaker d. 6 H 39817 nith, Sr.	check pa Departme HANGES	nt of State	Addition		
9.  IITLE NAME STREET ADDRESS CITY-ST-ZIP IITLE NAME STREET ADDRESS CITY-ST-ZIP IITLE NAME STREET ADDRESS CITY-ST-ZIP IITLE NAME STREET ADDRESS	ing Fee is \$5	0.00 7, 2005	IS/MANAGERS  Delete  Delete	10. TITLE NAME STREET ADI CITY-ST-Z TITLE NAME STREET ADI CITY-ST-Z TITLE NAME STREET ADI	IDRESS 251 Tal MG Cha 251 Pa MG Imm Po Tim Po Bai	FRM mes Anth y Millstor lahessee RM ob Vada R in bridge RM othy L. Si Box 1950	ADDITIONS/C only Gragane we Plantation FL 32312 hittaker d. 64 39817	check pa Departme HANGES	Change	Addition		
9.  IITLE NAME STREET ADDRESS CITY-ST-ZIP  IITLE NAME STREET ADDRESS STREET ADDRESS	ing Fee is \$5	0.00 7, 2005	S/MANAGERS  Delete  Delete  Delete	10. TITLE NAME STREET ADI CITY-ST-Z	IDRESS 251 Tal MG Cha 251 Pa MG Tim Po Tim P	FRM mes Anth y Millstor lahessee RM ob Vada R in bridge RM othy L. Si Box 1950	ADDITIONS/C only Gragane we Plantation FL 32312 hittaker d. 6 H 39817 nith, Sr.	check pa Departme HANGES	Change  Change	Addition  Addition		

11. I hereby certify that the information supplied with this filing does not qualify 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 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:	helin	10	Keint Marin	7/0	./.5	850.521.3067
SIGNATURE	AND TYPED OR PRINTED N	ME OF S	IĞNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	1	Date	Daytme Phone #