

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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Jul 11, 2005 8:00 am
Secretary of State

07-11-2005 90044 045 ****50.00

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07062005 Chg-LLC CR2E083 (10/03)

DOCUMENT # L04000072412 1. Entity Name SOUTHERN FIDELITY HOLDING, LLC					
Principal Place of Business 107 WEST 5TH AVENUE TALLAHASSEE, FL 32303			Mailing Address 107 WEST 5TH AVENUE TALLAHASSEE, FL 32303		
2. Principal Place of Business 2255 Killearn Ctr. Blvd. Suite, Apt. #, etc. 101 City & State Tallahassee, FL Zip 32309 Country USA		3. Mailing Address 2255 Killearn Ctr. Blvd. Suite, Apt. #, etc. 101 City & State Tallahassee, FL Zip 32309 Country USA			
4. FEI Number 20-1640941			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required			6. Name and Address of Current Registered Agent SUNDBERG, WILLIAM L ESQ SUNDBERG & HESSMAN, P.A. 107 WEST 5TH AVENUE TALLAHASSEE, FL 32303		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by September 7, 2005		Make check payable to Florida Department of State		9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	10. ADDITIONS/CHANGES	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	MGRM James Anthony Graganella 2514 Millstone Plantation Rd. Tallahassee, FL 32312	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	MGRM Charles W. Whittaker 2506 Vada Rd. Bainbridge, GA 39817	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	MGRM Timothy L. Smith, Sr. Po Box 1950 Bainbridge, GA 39818	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:		Kent Martin		7/6/05 850.521.3067	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					