2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2007
Secretary of State

DOCUMENT# L04000077622

Entity Name: SOUTHERN ECLIPSE LLC

Current Principal Place of Business:

5146 VICTORIA DR.
MILTON, FL 32570

New Principal Place of Business:

Current Mailing Address:

5146 VICTORIA DR.
MILTON, FL 32570

New Mailing Address:

FEI Number: 42-1646545 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SMITH, WARREN
5146 VICTORIA DR.
MILTON, FL 32570 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/MANAGERS:

Title: MGRM ( ) Delete
Name: SMITH, WARREN
Address: 5146 VICTORIA DR.
City-St-Zip: MILTON, FL 32570

Title: MGRM ( ) Delete
Name: SMITH, CRAIG
Address: 2641 VENETIAN WAY
City-St-Zip: GULF BREEZE, FL 32563

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change ( ) Addition
Name: SMITH, CRAIG
Address: 5967 HERMITAGE DRIVE
City-St-Zip: PENSACOLA, FL 32504

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: WARREN SMITH MGRM 04/28/2007

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