

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 21, 2005 8:00 am
Secretary of State

02-21-2005 90176 004 ****50.00

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|---|--|--|--|---|--|
| DOCUMENT # L04000088732 1. Entity Name SOUTHERN INVESTMENTS AND HOLDINGS PHASE 2, LLC | | | | | |
| Principal Place of Business 9 SW 13TH STREET FT. LAUDERDALE, FL 33315 | | | Mailing Address 9 SW 13TH STREET FT. LAUDERDALE, FL 33315 | | |
| 2. Principal Place of Business <i>0</i> | | 3. Mailing Address <i>20013247</i> | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 02142005 Chg-LLC CR2E083 (10/03) | |
| City & State | | City & State | | 4. FEI Number 20-1997877 | |
| Zip | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent ANDREWS, TOM 9 SW 13TH STREET FT. LAUDERDALE, FL 33315 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small> | | | | | |
| Filing Fee is \$50.00 Due by May 1, 2005 | | Make check payable to Florida Department of State | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR JOHNSON, RICHARD 9 SW 13TH STREET FT. LAUDERDALE, FL 33315 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM JOHNSON, MARY BETH 9 SW 13TH STREET FT. LAUDERDALE, FL 33315 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | | | |
| 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: <u>Mary Beth Johnson</u> 2/14/05 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small> | | |