

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000005090

FILED
Apr 25, 2006
Secretary of State

Entity Name: SOUTHERN EXPOSURE REAL ESTATE SERVICES, LLC

Current Principal Place of Business:

3400 AGRICULTURAL CENTER DR
SAINT AUGUSTINE, FL 32092

New Principal Place of Business:

2825 NORTH 10TH STREET
SAINT AUGUSTINE, FL 32084

Current Mailing Address:

PO BOX 321
SAINT AUGUSTINE, FL 32085

New Mailing Address:

FEI Number: 20-3039948

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 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: MGR () Delete
Name: AVERY, K. JOY
Address: 245 ATLANTIS CIRCLE, UNIT 203
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: ST () Delete
Name: AVERY, K. JOY
Address: 245 ATLANTIS CIRCLE, UNIT 203
City-St-Zip: SAINT AUGUSTINE, FL 32080

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: AVERY, K. JOY
Address: 2825 NORTH 10TH STREET
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: ST (X) Change () Addition
Name: AVERY, K. JOY
Address: 2825 NORTH 10TH STREET
City-St-Zip: SAINT AUGUSTINE, FL 32084

I hereby certify that the information supplied with this filing does not qualify for the 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: K JOY AVERY

MGR

04/25/2006

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