

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000009773

FILED  
May 03, 2007  
Secretary of State

**Entity Name:** SOUTHERN HOME BUYERS, LLC

**Current Principal Place of Business:**

1749 MCLEOD RD  
DEFUNIAK SPRINGS, FL 32435

**New Principal Place of Business:**

**Current Mailing Address:**

390 HWY 273  
CHIPLEY, FL 32428

**New Mailing Address:**

**FEI Number:** 75-3179206      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

CLARK, ROBERT D  
1749 MCLEOD ROAD  
DEFUNIAK SPRINGS, FL 32435      US

**Name and Address of New Registered Agent:**

BYTELL, LORRIANE  
1250 CIRCLE DRIVE  
DEFUNIAK SPRINGS, FL 32435      US

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: J LORRIANE BYTELL

05/03/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: CLARK, ROBERT D  
Address: 1749 MCLEOD RD  
City-St-Zip: DEFUNIAK SPRINGS, FL 32435

Title: MGRM ( ) Delete  
Name: CLARK, HOWARD E  
Address: 1749 MCLEOD RD  
City-St-Zip: DEFUNIAK SPRINGS, FL 32435

Title: MGRM ( ) Delete  
Name: LEE, GEORGE W  
Address: 390 HWY 273  
City-St-Zip: CHIPLEY, FL 32428

Title: MGRM ( ) Delete  
Name: HOLLINGSWORTH, BEVERLY J  
Address: P O BOX 354  
City-St-Zip: DEFUNIAK SPRINGS, FL 32435

**ADDITIONS/CHANGES:**

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

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

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

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

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: ROBERT D CLARK

MGRM

05/03/2007

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