


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 18, 2007 8:00 am
Secretary of State

04-18-2007 90037 029 ****50.00

DOCUMENT # L05000010743	
1. Entity Name 1ST SOUTHERN LLC	

Principal Place of Business 2336 SOUTHWEST 30TH STREET— CAPE CORAL, FL 33914	Mailing Address 2336 SOUTHWEST 30TH STREET— CAPE CORAL, FL 33914
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2. Principal Place of Business - No P.O. Box # 4026 SW 17TH AVE	3. Mailing Address 4026 SW 17TH AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State CAPE CORAL FL	City & State CAPE CORAL FL
Zip 33914	Country USA
Zip 33914	Country USA

03232007 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-2326184	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 <u><i>Christine Owen president</i></u> DATE <u><i>4/12/07</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>

Filing Fee is \$50.00 Due by May 1, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR OWEN, CHRISTINE 2336 SOUTHWEST 30TH STREET— CAPE CORAL, FL 33914 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4026 SW 17TH AVE CAPE CORAL FL 33914
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR OWEN, HERBERT 2336 SOUTHWEST 30TH STREET— CAPE CORAL, FL 33914 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4026 SW 17TH AVE CAPE CORAL FL 33914
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST OWEN, HERBERT 2336 SOUTHWEST 30TH STREET— CAPE CORAL, FL 33914 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4026 SW 17TH AVE CAPE CORAL FL 33914
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
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
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 exemptions contained in Chapter 119, 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><i>Christine Owen president</i></u> DATE <u><i>4/12/07</i></u> 239 542-7017 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>	<small>Daytime Phone #</small>