

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000040844

Entity Name: SOUTHERNLANDS, LLC

FILED
Apr 28, 2006
Secretary of State

Current Principal Place of Business:

765 CRANDON BLVD
APARTMENT 311
KEY BISCAYNE, FL 33149 US

New Principal Place of Business:

Current Mailing Address:

765 CRANDON BLVD
APARTMENT 311
KEY BISCAYNE, FL 33149 US

New Mailing Address:

FEI Number: 20-2737918

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ABOY, GABRIEL
765 CRANDON BLVD
APARTMENT 311
KEY BISCAYNE, FL 33149 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: PAGANO, MATIAS
Address: 765 CRANDON BLVD, APT 311
City-St-Zip: KEY BISCAYNE, FL 33149 US

Title: MGRM () Delete
Name: SORIANO, FLORENCE
Address: 765 CRANDON BLVD, APT 311
City-St-Zip: KEY BISCAYNE, FL 33149 US

Title: MGRM () Delete
Name: ABOY, GABRIEL
Address: 765 CRANDON BLVD, APT 311
City-St-Zip: KEY BISCAYNE, FL 33149 US

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:

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: MATIAS PAGANO

MGR

04/28/2006

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