
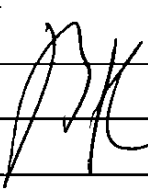


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

<b>DOCUMENT # L05000044452</b>					
<b>1. Entity Name</b> SOUTHERN STRATEGY GROUP OF ORLANDO, LLC					
<b>Principal Place of Business</b> 205 E. CENTRAL AVE., SUITE 401 ORLANDO, FL 32801			<b>Mailing Address</b> P.O. BOX 10570 TALLAHASSEE, FL 32302		
<b>2. Principal Place of Business - No P.O. Box #</b> 205 E. Central Ave., S Suite, Apt. #, etc. Suite 302		<b>3. Mailing Address</b> Suite, Apt. #, etc.			
<b>City &amp; State</b> Orlando FL		<b>City &amp; State</b>		<b>4. FEI Number</b> 20-2765854	
<b>Zip</b> 32801		<b>Country</b> United States		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  BRADSHAW, PAUL 120 S. MONROE STREET TALLAHASSEE, FL 32301				<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City	
				FL Zip Code	
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>				<b>Make check payable to Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR COHEN, KELLY 222 EMORY STREET ORLANDO, FL 32804	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	600095787116 04/04/07--01025--006 **50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SOUTHERN STRATEGY GROUP, INC. P.O. BOX 10570 TALLAHASSEE, FL 32302	<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
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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
<b>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.</b>					
<b>SIGNATURE:</b> _____					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
				Date	
				Daytime Phone #	

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



01042007 Chg-LLC CR2E083 (12/06)