

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 30, 2006 8:00 am**  
**Secretary of State**

04-28-2006 90024 024 \*\*\*\*55.00

<b>DOCUMENT # L05000045023</b> 1. Entity Name <b>SOUTHERN GARDENS, LLC</b>					
Principal Place of Business <b>420 BAY AVENUE CLEARWATER, FL 33756</b>			Mailing Address <b>P.O. BOX 325 ST. PETERSBURG, FL 33731</b>		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <b>420 Bay Avenue</b> Suite, Apt. #, etc.			
City & State Clearwater, FL		4. FEI Number <b>20-2806300</b>			
Zip <b>33756</b>		Country <b>USA</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>MCCARTHY, TERENCE J 420 BAY AVENUE CLEARWATER, FL 33756</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE <b>President</b> <input type="checkbox"/> Delete NAME <b>Terence J. McCarthy</b> STREET ADDRESS <b>420 Bay Ave</b> CITY-ST-ZIP <b>Clearwater, FL 33756</b>			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
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>SIGNATURE:</b> <b>President</b> <b>4/24/06</b> <b>(727) 445-4862</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					

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04242006 Chg-LLC CR2E083 (11/05)



May 23, 2006

Florida Department of State  
Division of Corporations  
P.O. Box 6478  
Tallahassee, FL 33756

Re: Southern Gardens, LLC – Reference Number: L05000045023

To Whom It May Concern:

Attached is the copy of our annual report/uniform business report with the corrections for Southern Gardens, LLC that was requested per the letter you sent.

Please file the report and send the Certificate of Status when possible. Thank you for your assistance to this matter.

Sincerely,

Pamela D. Kerrin  
Executive Assistant