

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000049771

Entity Name: SOUTHERN IDEAS LLC

FILED
Mar 22, 2007
Secretary of State

Current Principal Place of Business:

101 SW 34TH LANE
CAPE CORAL, FL 33914

New Principal Place of Business:

3920 SANTA BARBARA BLVD.
CAPE CORAL, FL 33914

Current Mailing Address:

101 SW 34TH LANE
CAPE CORAL, FL 33914

New Mailing Address:

3920 SANTA BARBARA BLVD.
CAPE CORAL, FL 33914

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FRETTO, EZEQUIEL G
101 SW 34TH LANE
CAPE CORAL, FL 33914 US

Name and Address of New Registered Agent:

FRETTO, EZEQUIEL G
3920 SANTA BARBARA BLVD.
CAPE CORAL, FL 33914 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: EZEQUIEL FRETTO

03/22/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: FRETTO, EZEQUIEL G
Address: 101 SW 34TH LANE
City-St-Zip: CAPE CORAL, FL 33914

Title: MGRM (X) Delete
Name: DIAZ, BARBARA R
Address: 101 SW 34TH LANE
City-St-Zip: CAPE CORAL, FL 33914

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: DIAZ, BARBARA R
Address: 3920 SANTA BARBARA BLVD.
City-St-Zip: CAPE CORAL, FL 33914

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: BARBARA DIAZ

MGRM

03/22/2007

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