2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 09, 2007
Secretary of State

DOCUMENT# L05000057562

Entity Name: SOUTHGATE FINANCIAL GROUP FLORIDA, LLC

Current Principal Place of Business:

4750 PRINCESS PALM DRIVE
SUITE 312
TAMPA, FL 33619 US

New Principal Place of Business:

9950 PRINCESS PALM AVE
SUITE 312
TAMPA, FL 33619 US

Current Mailing Address:

5006 SOUTH BUGG ROAD
PLANT CITY, FL 33567 US

New Mailing Address:

FEI Number: 27-0125220 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

LABARBERA, PAUL A
5006 SOUTH BUGG ROAD
PLANT CITY, FL 33567 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:	LABARBERA, PAUL A	
Address:	5006 SOUTH BUGG ROAD	
City-St-Zip:	PLANT CITY, FL 33567	
Title:	MGR	( ) Delete
Name:	SOUTHGATE FINANCIAL, GROUP, LLC.	
Address:	3104 CREEKSIDE VILLAGE DRIVE STE 343	
City-St-Zip:	KENNESAW, GA 30144	

ADDITIONS/CHANGES:

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 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: PAUL LABARBERA MGR 07/09/2007

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