



2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 30, 2006 8:00 am
Secretary of State

07-26-2006 90038 027 ****50.00

DOCUMENT # L05000082629 1. Entity Name DEEP SOUTH LLC					
Principal Place of Business 1512 CAPITAL CIRCLE SOUTHEAST, SUITE 1 TALLAHASSEE, FL 32301			Mailing Address 1512 CAPITAL CIRCLE SOUTHEAST, SUITE 1 TALLAHASSEE, FL 32301		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
					
07062006 Chg-LLC CR2E083 (11/05)					
4. FEI Number 20-3341584				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent PAUTSCH, BERNARD J 1512 CAPITAL CIRCLE SOUTHEAST, SUITE 1 TALLAHASSEE, FL 32301				7. Name and Address of Now Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$50.00 Due by September 8, 2006				Make check payable to Florida Department of State	
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 9. MANAGING MEMBERS/MANAGERS </div> <div style="width: 45%;"> 10. ADDITIONS/CHANGES </div> </div>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP <i>Managing Member</i> <i>Bernard J Pautsch</i> <i>1512 Cap Cir SE #1</i> <i>Tallahassee FL 32301</i>			<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP XXXXXXXXXX XXXXXXXXXX XXXXXXXXXX XXXXXXXXXX			<input type="checkbox"/> Delete		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP XXXXXXXXXX XXXXXXXXXX XXXXXXXXXX XXXXXXXXXX			<input type="checkbox"/> Delete		
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.					
<div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> SIGNATURE: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> </div> <div style="width: 20%; text-align: center;"> 7-25-06 <small>Date</small> </div> <div style="width: 30%; text-align: center;"> 850 422-0300 <small>Daytime Phone #</small> </div> </div>					