

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000104608

**FILED**  
**Jan 21, 2009**  
**Secretary of State**

**Entity Name:** SOUTHLAND MANAGEMENT GROUP OF FLORIDA, LLC

**Current Principal Place of Business:**

2823 BOLTON ROAD SUITE 100  
ORANGE PARK, FL 32073

**New Principal Place of Business:**

2823 BOLTON ROAD SUITE 101  
ORANGE PARK, FL 32073

**Current Mailing Address:**

PO BOX 877  
ORANGE PARK, FL 32067

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

NICHOLS, JOHN W  
1329 KINGSLEY AVE, STE D  
ORANGE PARK, FL 32073    US

**Name and Address of New Registered Agent:**

THE NICHOLS GROUP PA  
1329 KINGSLEY AVE, STE D  
ORANGE PARK, FL 32073    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: JOHN W NICHOLS CPA

01/21/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM    ( ) Delete  
Name: DAVIS, STAFFORD C  
Address: 2823 BOLTON ROAD STE 100  
City-St-Zip: ORANGE PARK, FL 32073

**ADDITIONS/CHANGES:**

Title: MGRM    (X) Change    ( ) Addition  
Name: DAVIS, STAFFORD C  
Address: 2823 BOLTON ROAD STE 101  
City-St-Zip: ORANGE PARK, FL 32073

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: STAFFORD DAVIS

MGRM

01/21/2009

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