

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

03-21-2006 90297 049 \*\*\*\*50.00

<b>DOCUMENT # L05000111864</b> 1. Entity Name <b>SOUTHERN HOLDINGS OF OCALA, LLC</b>			
Principal Place of Business <b>7763 SW HIGHWAY 200 OCALA, FL 34476</b>		Mailing Address <b>7763 SW HIGHWAY 200 OCALA, FL 34476</b>	
2. Principal Place of Business <b>4835 SW 101<sup>st</sup> La</b>		3. Mailing Address <b>4835 SW 101<sup>st</sup> La</b>	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State <b>Ocala, FL</b>		City & State <b>Ocala, FL</b>	
Zip <b>34476</b>		Zip <b>34476</b>	
Country <b>USA</b>		Country <b>USA</b>	
4. FEI Number <b>02-0774876</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>STERMER, ROBERT A ESQ. 7763 SW HWY. 200 OCALA, FL 34476</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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>		<b>10. ADDITIONS/CHANGES</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM BURR, LINDA 4835 SW 101ST LANE OCALA, FL 34476</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 606, Florida Statutes.			
<b>SIGNATURE:</b>		<b>LINDA BURR, MGRM 2-27-06 (352) 813-2490</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Daytime Phone #</small>	