


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 26, 2007 8:00 am
Secretary of State

02-26-2007 90310 007 ****50.00

DOCUMENT # L05000112331	
1. Entity Name SOUTHERN PROPERTY MANAGEMENT, LLC	

Principal Place of Business 1996 KINGSLEY AVENUE ORANGE PARK, FL 32073	Mailing Address 1996 KINGSLEY AVENUE ORANGE PARK, FL 32073
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40000394



DO NOT WRITE IN THIS SPACE

02132007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-3870737	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

SANTORO, THOMAS ESQ
1700 WELLS ROAD STE 5
ORANGE PARK, FL 32073

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BERNARD, GARY C 1316 OAKLANDING LANE ORANGE PARK, FL 32003
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SAULAT, SHAKIL A 3630 WOODVIEW DRIVE ORANGE PARK, FL 32065
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TAUFIQ, SALIK 1520 HACKBERRY COURT JACKSONVILLE, FL 32259
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM QUADRI, ABDUL HADI A 2021 RIVERGATE DRIVE ORANGE PARK, FL 32003
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM STANKARD, CHARLES E 1312 OAKLANDING LANE ORANGE PARK, FL 32003
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WALTON, JOHN CLARK 1839 HICKORY TRACE DRIVE ORANGE PARK, FL 32003

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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.

SIGNATURE:  **2-13-07** **9042765700**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #