

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000116612

FILED
Apr 28, 2006
Secretary of State

Entity Name: SOUTHERN SITE SERVICES, LLC

Current Principal Place of Business:

25 EAST 13TH STREET
SAINT CLOUD, FL 34769

New Principal Place of Business:

2895 OLD HICKORY TREE RD.
SAINT CLOUD, FL 34772

Current Mailing Address:

P.O. BOX 700309
SAINT CLOUD, FL 34770

New Mailing Address:

FEI Number: 20-3888468 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAMB, GWEN A
6600 OLD MELBOURNE HWY
SAINT CLOUD, FL 34771 US

Name and Address of New Registered Agent:

LAMB, GWEN A
2895 OLD HICKORY TREE RD
SAINT CLOUD, FL 34772 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: GWEN LAMB

04/28/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: LAMB, GWEN A
Address: 6600 OLD MELBOURNE HWY
City-St-Zip: SAINT CLOUD, FL 34771

Title: MGR () Delete
Name: LAMB, WALLACE III
Address: 6600 OLD MELBOURNE HWY
City-St-Zip: SAINT CLOUD, FL 34771

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: LAMB, GWEN A
Address: 2895 OLD HICKORY TREE RD.
City-St-Zip: SAINT CLOUD, FL 34772

Title: MGR (X) Change () Addition
Name: LAMB, WALLACE III
Address: 2895 OLD HICKORY TREE RD.
City-St-Zip: SAINT CLOUD, FL 34772

I hereby certify that the information supplied with this filing does not qualify for the 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: GWEN LAMB

MGR

04/28/2006

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