

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90046 038 \*\*\*\*\*55.00

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<b>DOCUMENT # L05000122121</b> 1. Entity Name SOUTHERN CUSTOM WOODWORKS, LLC					
Principal Place of Business 7186 123RD CIRCLE NORTH LARGO, FL 33773			Mailing Address 7186 123RD CIRCLE NORTH LARGO, FL 33773		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	04172007    Chg-LLC    CR2E083 (12/06)	
4. FEI Number 20-3995324				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent  TURNER-HAHN, CARLA ESQ. 4701 CENTRAL AVENUE, SUITE A ST. PETERSBURG, FL 33713			7. Name and Address of New Registered Agent Name <u>GEORGE L. HAYES, III, ESQ.</u> Street Address (P.O. Box Number is Not Acceptable) <u>4701 CENTRAL AVENUE</u> <u>SUITE A</u> City <u>ST. PETERSBURG</u> <u>FL</u> Zip Code <u>33713</u>		
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 <u>[Signature]</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE <u>4/19/07</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>			
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JONES, T. MANSEL 7186 123RD CIRCLE NORTH LARGO, FL 33773	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JONES, T. MANSEL 7186 123RD CIRCLE NORTH LARGO, FL 33773	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JONES, T. MANSEL 7186 123RD CIRCLE NORTH LARGO, FL 33773	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JONES, T. MANSEL 7186 123RD CIRCLE NORTH LARGO, FL 33773	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JONES, T. MANSEL 7186 123RD CIRCLE NORTH LARGO, FL 33773	<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 608, Florida Statutes.					
SIGNATURE: <u>[Signature]</u> <small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		Date <u>4/20/07</u>		Daytime Phone # <u>727-538-9250</u>	