

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000005991

FILED
Aug 01, 2007
Secretary of State

Entity Name: SOUTHWARD PARTNERS, L.L.C.

Current Principal Place of Business:

620 SOUTH INDUSTRY RD.
COCOA, FL 329255825

New Principal Place of Business:

555 S INDUSTRY RD
COCOA, FL 32926

Current Mailing Address:

620 SOUTH INDUSTRY RD.
COCOA, FL 329255825

New Mailing Address:

505 WILSON RD
ANNAPOLIS, MD 21401

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

MINOT, MICHAEL S
COMMODORE PLAZA
319 RIVEREDGE BLVD., STE. 218
COCOA, FL 32922 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: WAGNER, KENNETH R
Address: 205 MOUNT OAK PLACE
City-St-Zip: ANNAPOLIS, MD 21401

Title: MGRM () Delete
Name: GRAHAM, DAVID B
Address: 221 SOUTH CHERRY GROVE AVE.
City-St-Zip: ANNAPOLIS, MD 21401

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: GRAHAM, DAVID B
Address: 505 WILSON RD
City-St-Zip: ANNAPOLIS, MD 21401

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: DAVID GRAHAM

MNGR

08/01/2007

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