

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000037796

FILED
Feb 01, 2008
Secretary of State

Entity Name: SOUTHERN INVESTMENT ASSC. LLC

Current Principal Place of Business:

3349 GULFBREEZE TERR
PALM HARBOR, FL 34684

New Principal Place of Business:

1358 54TH AVE NE
ST. PETERSBURG, FL 33703

Current Mailing Address:

3349 GULFBREEZE TERR
PALM HARBOR, FL 34684

New Mailing Address:

1358 54TH AVE NE
ST. PETERSBURG, FL 33703

FEI Number: 20-4682988

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALMECIGA, MONICA
3349 GULFBREZE TERR
PALM HARBOR, FL 34684 US

Name and Address of New Registered Agent:

ALMECIGA, MONICA
1358 54TH AV NE
ST. PETERSBURG, FL 33703 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:

02/01/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MCMILLION, VIRGIL
Address: 11801 28TH STREET NORTH
City-St-Zip: ST. PETERSBURGS, FL 34684

Title: MGR () Delete
Name: ALMECIGA, MONICA
Address: 3349 GULFBREEZE TERR
City-St-Zip: PALM HARBOR, FL 34684

ADDITIONS/CHANGES:

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

Title: MGR (X) Change () Addition
Name: ALMECIGA, MONICA
Address: 1358 54TH AV NE
City-St-Zip: ST. PETERSBURG, FL 33703

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: MONICA ALMECIGA

MGR

02/01/2008

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