

**2009 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
Apr 23, 2009  
Secretary of State**

DOCUMENT# L06000043429

Entity Name: SOUTHERN INVESTMENTS, LLC

**Current Principal Place of Business:**

5574 COMMERCIAL BLVD. N.W.  
WINTER HAVEN, FL 33880

**New Principal Place of Business:**

**Current Mailing Address:**

5574 COMMERCIAL BLVD. N.W.  
WINTER HAVEN, FL 33880

**New Mailing Address:**

FEI Number: 20-4828755      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GARRARD, LOUIS F V  
5574 COMMERCIAL BLVD.  
WINTER HAVEN, FL 33880      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: MGR      ( ) Delete  
Name: GARRARD, LOUIS F V  
Address: 3113 STONEWATER DRIVE  
City-St-Zip: LAKELAND, FL 33803

Title: MGR      ( ) Delete  
Name: BOCK, THOMAS A  
Address: 4601 DOGWOOD HILLS COURT  
City-St-Zip: BRANDON, FL 33511

**ADDITIONS/CHANGES:**

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

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

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: LOUIS F. GARRARD, V

MGR

04/23/2009

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