

# **2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000047720

**FILED**  
**Feb 09, 2007**  
**Secretary of State**

**Entity Name:** SOUTHERN HOLDING GROUP, LLC

**Current Principal Place of Business:**

2295 S. HIAWASSEE RD., SUITE 2016  
ORLANDO, FL 32835

**New Principal Place of Business:**

8463 TIBET BUTLER DRIVE  
WINDERMERE, FL 34786

**Current Mailing Address:**

2295 S. HIAWASSEE RD., SUITE 2016  
ORLANDO, FL 32835

**New Mailing Address:**

8463 TIBET BUTLER DRIVE  
WINDERMERE, FL 34786

**FEI Number:** 20-4845127

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ANDREWS, KENNETH  
2295 S. HIAWASSEE RD., SUITE 2016  
ORLANDO, FL 32835 US

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

ANDREWS, KENNETH  
8463 TIBET BUTLER DRIVE  
WINDERMERE, FL 34786 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: KENNETH ANDREWS

02/09/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: ANDREWS, KENNETH  
Address: 5920 BLAKEFORD DR.  
City-St-Zip: WINDERMERE, FL 34786

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: ANDREWS, KENNETH  
Address: 8463 TIBET BUTLER DRIVE  
City-St-Zip: WINDERMERE, FL 34786

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: KENNETH ANDREWS

MGRM

02/09/2007

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