


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 23, 2007 8:00 am
Secretary of State

03-23-2007 90173 024 ****50.00

DOCUMENT # L06000052069	
1. Entity Name SOUTHERN DIVA, LLC	

Principal Place of Business 4510 S.W. 45TH DR. GAINESVILLE FL 32608 US	Mailing Address 4510 S.W. 45TH DR. GAINESVILLE FL 32608 US
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2. Principal Place of Business - No P.O. Box # 5206 SW 34th STREET	3. Mailing Address Suite, Apt. #, etc.
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1st MOORE CR2E083 (10/06)

City & State Gainesville, FL 32608	City & State
Zip 32608	Country USA

4. FEI Number 74-3178302	Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent CROWLEY, CATHERINE A 10477 ST. TROPEZ PLACE TAMPA FL 33615	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____ (NOTE: Registered Agent signature required when registering) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM CROWLEY, JODI C 4510 S.W. 45TH DR. GAINESVILLE FL 32608 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR CROWLEY, CATHERINE A 10477 ST TROPEZ PLACE TAMPA FL 33615 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<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 Section 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:  **Jodi Crowley** 3/13/07 (352) 367-8558
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #