

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000052978

Entity Name: SOUTHERN MARKET, LLC

FILED  
Mar 07, 2007  
Secretary of State

**Current Principal Place of Business:**

1990 LOCUST BERRY DR.  
KISSIMMEE, FL 34743

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 451165  
KISSIMMEE, FL 347451165

**New Mailing Address:**

FEI Number: 51-0581859

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BRZEZINSKI, MARK  
1990 LOCUST BERRY DR.  
KISSIMMEE, FL 34743 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: BRZEZINSKI, JOAN  
Address: 1990 LOCUST BERRY DR.  
City-St-Zip: KISSIMMEE, FL 34743

Title: MGRM ( ) Delete  
Name: BRZEZINSKI, MARK  
Address: 1990 LOCUST BERRY DR.  
City-St-Zip: KISSIMMEE, FL 34743

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

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

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

Title: MGRM ( ) Change (X) Addition  
Name: BRZEZINSKI, DUANE  
Address: 1990 LOCUST BERRY DR  
City-St-Zip: KISSIMMEE, FL 34743

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: MARK BRZEZINSKI

MGRM

03/07/2007

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