2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Feb 21, 2007 8:00 am Secretary of State

DOCUMENT # L06000053822 1. Entity Name SOUTHERN RIDGE, LLC						02-21-2007 \$	90101 016 ****	55.00	
Principal Place of Business Mailing Address 2253 COUNTRY PLACE CIRCLE 2253 COUNTRY PLACE PENSACOLA, FL 32534 PENSACOLA, FL 325									
2. Principal Place of Business - No P.O. Box #		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02122007	Chg-LLC	CR2E083 (12/06	5)		
City & State		City & State		4. FEI Numb	5154244		Applied For Not Applicable		
Zip	Country	Zip	Country			of Status Desired	S \$5.00 A		
	6. Name and Address of Current	Registered Agent			7. Name and	Address of New Re	gistered Agent		
0455 54	VID A			Name					
SAPP, DAVID A 4457 BAYOU BOULEVARD PENSACOLA, FL 32503				Street Address	Street Address (P.O. Box Number is Not Acceptable)				
				City			FL Zip C	ode	
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 the obligations of registered agent.							h, and accept		
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOT	E: Registered	Agent signature require	ad when reinstating)		DATE		
Filing Fee is \$50.00 Due by May 1, 2007				•					
Fi D	iling Fee is \$50.00 ue by May 1, 2007						check payable to Department of St		
D	ue by May 1, 2007	TO MANAGERS				Florida	Department of St		
9.	ue by May 1, 2007 MANAGING MEMBE	 	10.				Department of St	ate	
9. TITLE	MANAGING MEMBE	ERS/MANAGERS	10. TIFLE			Florida	Department of St	ate	
9.	ue by May 1, 2007 MANAGING MEMBE	☐ Delete	TIFLE NAME STREE			Florida	Department of St	ate	
9. TITLE NAME STREET ADDRESS	MANAGING MEMBE MGR STURGEN, MARK 2253 COUNTRY PLACE CIRCLE	☐ Delete	TIFLE NAME STREE	ET ADDRESS ST-ZIP		Florida	Department of St	ate Addition	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MANAGING MEMBE MGR STURGEN, MARK 2253 COUNTRY PLACE CIRCLE	☐ Delete	TITLE NAME STREE CITY- TITLE NAME	ET ADDRESS ST-ZIP		Florida	Department of St CHANGES Chang	ate Addition	
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I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: Mark Sturger MANAGER MARK Sturger MANAGER DONO 2/19/01 850 941/68 05