

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000054777

FILED  
Apr 27, 2009  
Secretary of State

Entity Name: SOUTHERN BELL HOLDINGS LLC

## Current Principal Place of Business:

9400 SOUTH DADELAND BLVD.  
SUITE 720  
MIAMI, FL 33156 US

## Current Mailing Address:

9400 SOUTH DADELAND BLVD.  
SUITE 720  
MIAMI, FL 33156 US

## New Principal Place of Business:

9500 SOUTH DADELAND BLVD.  
SUITE 800  
MIAMI, FL 33156 US

## New Mailing Address:

9500 SOUTH DADELAND BLVD.  
SUITE 800  
MIAMI, FL 33156 US

FEI Number: 20-4944196

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

NORDSTROM, KARA  
9400 SOUTH DADELAND BLVD  
SUITE 720  
MIAMI, FL 33156 US

## Name and Address of New Registered Agent:

NORDSTROM, KARA  
9500 SOUTH DADELAND BLVD  
SUITE 800  
MIAMI, FL 33156 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:

04/27/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: NORDSTROM, KARA  
Address: 9400 SOUTH DADELAND BLVD., SUITE 720  
City-St-Zip: MIAMI, FL 33156 US

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: NORDSTROM, KARA  
Address: 9500 SOUTH DADELAND BLVD., SUITE 800  
City-St-Zip: MIAMI, FL 33156 US

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: KARA NORDSTROM

MGRM

04/27/2009

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