

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90338 026 ****50.00

DOCUMENT # L06000058319					
1. Entity Name SUTHERLAND INDUSTRIES, LLC					
Principal Place of Business 5220 N.E. 65TH STREET HIGH SPRINGS, FL 32643			Mailing Address 8203 NW 31ST AVE. APT E-30 GAINESVILLE, FL 32606		
2. Principal Place of Business - No P.O. Box # 5220 N.E. 65TH ST		3. Mailing Address 8203 N.W. 31ST AVE			
Suite, Apt. #, etc.		Suite, Apt. #, etc. E-30			
City & State HIGH SPRINGS FL		City & State GAINESVILLE FL			
Zip 32643		Country U.S.A.		4. FEI Number 65-1295585	
Zip 32606		Country U.S.A.		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SUTHERLAND, VINCENT W 8203 N.W. 31ST AVE APT E-30 GAINESVILLE, FL 32606				7. Name and Address of New Registered Agent	
Name				Street Address (P.O. Box Number is Not Acceptable)	
City				FL Zip Code	
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: <i>[Signature]</i>				DATE: 5-18-07	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS					
TITLE MGR NAME SUTHERLAND, JESSICA M STREET ADDRESS 5220 N.E. 65TH STREET CITY - ST - ZIP HIGH SPRINGS, FL 32643	<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				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
10. ADDITIONS/CHANGES					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<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 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: <i>[Signature]</i>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
Date: 5-18-07 Daytime Phone #: (352) 224-8023					