


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 19, 2007 8:00 am**  
**Secretary of State**

04-19-2007 90037 037 \*\*\*\*50.00

DOCUMENT # L06000071726					
1. Entity Name <b>SOUTHERN CORN ROASTERS LLC</b>					
Principal Place of Business <b>6410 BRIGHT BAY COURT APOLLO BEACH, FL 33572</b>			Mailing Address <b>6410 BRIGHT BAY COURT APOLLO BEACH, FL 33572</b>		
2. Principal Place of Business - No P.O. Box # <b>10364 Cocoa Lane</b>		3. Mailing Address <b>235 Apollo Beach Blvd</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b># 225</b>			
City & State <b>Apollo Beach, FL</b>		City & State <b>Apollo Beach, FL</b>			
Zip <b>33572</b>		Country <b>USA</b>		Zip <b>33572</b>	
Country <b>USA</b>		4. FEI Number <b>43-2108137</b>			
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent  <b>MCCLANNAN, RICHARD A 6410 BRIGHT BAY COURT APOLLO BEACH, FL 33572</b>			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 _____					
<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <b>Filing Fee is \$50.00 Due by May 1, 2007</b> </div> <div style="width: 30%;"></div> <div style="width: 30%; text-align: right;"> <b>Make check payable to Florida Department of State</b> </div> </div>					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM <input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCCLANNAN, RICHARD A		NAME	<b>235 Apollo Beach Blvd. #225</b>	
STREET ADDRESS	6410 BRIGHT BAY COURT		STREET ADDRESS	<b>Apollo Beach, FL 33572</b>	
CITY ST ZIP	APOLLO BEACH, FL 33572		CITY ST ZIP	<b>Apollo Beach, FL 33572</b>	
TITLE	MGRM <input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCCLANNAN, MELANIE S		NAME	<b>235 Apollo Beach, Blvd. #225</b>	
STREET ADDRESS	6410 BRIGHT BAY COURT		STREET ADDRESS	<b>Apollo Beach, FL 33572</b>	
CITY ST ZIP	APOLLO BEACH, FL 33572		CITY ST ZIP	<b>Apollo Beach, FL 33572</b>	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY ST ZIP			CITY ST ZIP		
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STREET ADDRESS			STREET ADDRESS		
CITY ST ZIP			CITY ST ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY ST ZIP			CITY ST ZIP		
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: <u>Richard A. McClannan</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					