



2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 13, 2007 8:00 am
Secretary of State

03-13-2007 90117 036 ****55.00

| | | | |
|--|---|---|---|
| DOCUMENT # L06000072588 1. Entity Name SOUTHERN CONSTRUCTION LLC | |  | |
| Principal Place of Business 415 SLEEPY HOLLOW DR INTERLACHEN, FL 32148 | | Mailing Address 415 SLEEPY HOLLOW DR INTERLACHEN, FL 32148 | |
| 2. Principal Place of Business - No P.O. Box # 707 Hwy 20 Suite, Apt. #, etc. | | 3. Mailing Address P.O. Box 462 Suite, Apt. #, etc. | |
| City & State Hollister, FL | | City & State Hollister, FL | |
| Zip 32147 | | Zip 32147 | |
| Country Putnam | | Country Putnam | |
| 4. FEI Number 20-5312316 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | | \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent SCHAUS SCHOUS, WILLIAM S 415 SLEEPY HOLLOW DR INTERLACHEN, FL 32148 | | 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small> | | | |
| Filing Fee is \$50.00 Due by May 1, 2007 | | Make check payable to Florida Department of State | |
| 9. MANAGING MEMBERS / MANAGERS | | 10. ADDITIONS / CHANGES | |
| TITLE MGR Schaus <input type="checkbox"/> Delete NAME SCHOUS, WILLIAM S STREET ADDRESS 415 SLEEPY HOLLOW DR CITY - ST - ZIP INTERLACHEN, FL 32148 | <input type="checkbox"/> Change <input type="checkbox"/> Addition | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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:  | | Date _____ Daytime Phone # _____ | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | | |