## **2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

## Apr 21, 2008 8:00 am Secretary of State **DOCUMENT # L06000072588** 04-21-2008 90309 015 \*\*\*138.75 1. Entity Name SOUTHERN CONSTRUCTION LLC Principal Place of Business Mailing Address 60025712 707 HWY 20 P.O. BOX 462 HOLLISTER, FL 32147 HOLLISTER, FL 32147 04032008 No Chg-LLC CR2E083 (12/07) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-5312316 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SCHOUS, WILLIAM S DO NOT WRITE 415 SLEEPY HOLLOW DR INTERLACHEN, FL 32148 IN THIS SPACE 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) FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 MANAGING MEMBERS/MANAGERS 9. MGR TITLE SCHAUS, WILLIAM S NAME 415 SLEEPY HOLLOW DR STREET ADDRESS INTERLACHEN, FL 32148 CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TEFLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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.

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

> SIGNATURE AND TYPED OR PRE TED NAME OF BIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

386 18/08 375-0070

FILED