


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 10, 2007 8:00 am**  
**Secretary of State**

01-10-2007 90060 044 \*\*\*\*55.00

<b>DOCUMENT # L06000092288</b> 1. Entity Name <b>SOUTHERN LIVING ESTATES LLC</b>					
Principal Place of Business <b>401 N HAMLIN STREET BONIFAY, FL 32425</b>			Mailing Address <b>3003 GRIFFIN DR BONIFAY, FL 32425</b>		
2. Principal Place of Business - No P.O. Box # <b>901 N. Hamlin St.</b>		3. Mailing Address Suite, Apt. #, etc.			
City & State <b>Bonifay, FL</b>		City & State			
Zip <b>32425</b>	Country	Zip	Country		
6. Name and Address of Current Registered Agent  <b>PONDS, THOMAS W 3003 GRIFFIN DR BONIFAY, FL 32425</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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 _____					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PONDS, THOMAS W 3003 GRIFFIN DR BONIFAY, FL 32425	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PONDS, LORA A 3003 GRIFFIN DR BONIFAY, FL 32425	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PONDS, LORA A 3003 GRIFFIN DR BONIFAY, FL 32425	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PONDS, LORA A 3003 GRIFFIN DR BONIFAY, FL 32425	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PONDS, LORA A 3003 GRIFFIN DR BONIFAY, FL 32425	<input type="checkbox"/> Delete			
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.					
<b>SIGNATURE:</b> <u>Lora Ponds</u> <u>Lora Ponds</u> <u>1-5-07</u> <u>850-547-3650</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					