

# **2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000116521

**FILED**  
**Jan 17, 2007**  
**Secretary of State**

**Entity Name:** SOUTHERN PALMS MANAGEMENT GROUP, LLC

**Current Principal Place of Business:**

3559 JUSTIN DRIVE  
PALM HARBOR, FL 34685

**New Principal Place of Business:**

3550 JUSTIN DRIVE  
PALM HARBOR, FL 34685

**Current Mailing Address:**

3559 JUSTIN DRIVE  
PALM HARBOR, FL 34685

**New Mailing Address:**

35590JUSTIN DRIVE  
PALM HARBOR, FL 34685

**FEI Number:** 20-5995834

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MARQUARDT, J. MATTHEW  
625 COURT STREET, SUITE 625  
CLEARWATER, FL 33756 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: SCHLAPPI, KYLE  
Address: 3559 JUSTIN DRIVE  
City-St-Zip: PALM HARBOR, FL 34685

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: SCHLAPPI, KYLE  
Address: 3550 JUSTIN DRIVE  
City-St-Zip: PALM HARBOR, FL 34685

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: KYLE SCHLAPPI

MGR

01/17/2007

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date