

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 10, 2008 8:00 am
Secretary of State

01-10-2008 90022 029 ***138.75

DOCUMENT # L07000025459	
1. Entity Name SOUTHERN STATES 2007, LLC	



Principal Place of Business 1470 ROYAL PALM SQUARE BLVD. FORT MYERS, FL 33919	Mailing Address 1470 ROYAL PALM SQUARE BLVD. FORT MYERS, FL 33919
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60000820



2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01072008 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-8588209	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
HUGHES, WILLIAM C 1470 ROYAL PALM SQUARE BLVD. FORT MYERS, FL 33919		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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RUSSELL, WAYNE GARRETT 1470 ROYAL PALM SQUARE BLVD. FORT MYERS, FL 33919 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HUGHES, WILLIAM C 1470 ROYAL PALM SQUARE BLVD. FORT MYERS, FL 33919 <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: William C. Hughes **MANAGER**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE
Date: 1/7/08 Daytime Phone #: 239-939-2233