
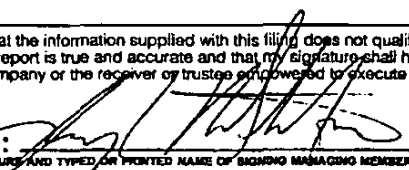


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jun 06, 2008 8:00 am**  
**Secretary of State**

05-01-2008 90041 001 \*\*\*138.75

|  |  |                                 |  |  |  |    |          |
|--|--|---------------------------------|--|--|--|----|----------|
| DOCUMENT # L07000089123  |  |                                 |  |         |  |    |          |
| 1. Entity Name<br>CONSOLIDATED SOUTHERN HOLDINGS LLC   |  |                                 |  |  |  |    |          |
| Principal Place of Business<br>5394 68TH ST N<br>ST. PETERSBURG, FL 33709  |  |                                 | Mailing Address<br>PO BOX 4220<br>SEMINOLE, FL 33775 |  |  |    |          |
| 2. Principal Place of Business - No P.O. Box #   |  |                                 | 3. Mailing Address                                   |  |  |    |          |
| Suits, Apt. #, etc.  |  |                                 | Suite, Apt. #, etc.                                  |  |  |    |          |
| City & State   |  |                                 | City & State   |  |  |    |          |
| Zip  | Country  | Zip                             | Country  | 4. FEI Number  |  |    |          |
|  |  |                                 |  | Applied For<br><input checked="" type="checkbox"/> Not Applicable                        |  |    |          |
|  |  |                                 |  | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required |  |    |          |
| 6. Name and Address of Current Registered Agent  |  |                                 | 7. Name and Address of New Registered Agent          |  |  |    |          |
| DISTEFANO, J<br>5394 68TH ST N<br>ST. PETERSBURG, FL 33709   |  |                                 | 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 _____ DATE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>   |  |                                 |  |  |  |    |          |
| FILE NOW!!! FEE IS \$138.75<br>After May 1, 2008 Fee will be \$538.75  |  |                                 | Make check payable to<br>Florida Department of State |  |  |    |          |
| 9. MANAGING MEMBERS/MANAGERS   |  |                                 | 10. ADDITIONS/CHANGES                                |  |  |    |          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGR<br>VICTORY & JOY INC.<br>PO BOX 4220<br>SEMINOLE, FL 33775 | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP       | <input type="checkbox"/> Change <input type="checkbox"/> Addition                        |  |    |          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP       | <input type="checkbox"/> Change <input type="checkbox"/> Addition                        |  |    |          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP       | <input type="checkbox"/> Change <input type="checkbox"/> Addition                        |  |    |          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP       | <input type="checkbox"/> Change <input type="checkbox"/> Addition                        |  |    |          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP       | <input type="checkbox"/> Change <input type="checkbox"/> Addition                        |  |    |          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP       | <input type="checkbox"/> Change <input type="checkbox"/> Addition                        |  |    |          |
| 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:    |  |                                 | Joseph H. Distefano 4-30-08 727 397-9118             |  |  |    |          |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>   |  |                                 | <small>Date Daytime Phone #</small>                  |  |  |    |          |