2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 22, 2009
Secretary of State

DOCUMENT# L08000019431

Entity Name: SOUTHERN ASSOCIATION MANAGEMENT, LLC

Current Principal Place of Business:

34894 EMERALD COAST PARKWAY
DESTIN, FL 32541

New Principal Place of Business:

Current Mailing Address:

34894 EMERALD COAST PARKWAY
DESTIN, FL 32541

New Mailing Address:

FEI Number: 42-1758596 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KYZAR, SCOTT
4608 OPA-LOCKA LANE
DESTIN, FL 32541 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:	MGRM	( ) Delete
Name:	CRESSE, JEFFERY J	
Address:	4051 KATS COURT	
City-St-Zip:	DESTIN, FL 32541	
Title:	MGRM	( ) Delete
Name:	CRESSE, KATHLEEN O	
Address:	4051 KATS COURT	
City-St-Zip:	DESTIN, FL 32541	
Title:	MGRM	( ) Delete
Name:	SHOULTS, MICHAEL A	
Address:	38 INDIAN BAYOU DRIVE	
City-St-Zip:	DESTIN, FL 32541	
Title:	MGRM	( ) Delete
Name:	KYZAR, SCOTT	
Address:	378 EVERGREEN CIRCLE	
City-St-Zip:	DESTIN, FL 32541	
Title:	MGRM	( ) Delete
Name:	VEACH, KERRY L	
Address:	4442 WINDWARD LANE COVE	
City-St-Zip:	NICEVILLE, FL 32578	
Title:	MGRM	( ) Delete
Name:	VEACH, KEVIN L	
Address:	11 OCALA COURT	
City-St-Zip:	DESTIN, FL 32541	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify 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: SCOTT KYZAR MGRM 04/22/2009

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