

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000088377

FILED
Jul 20, 2010
Secretary of State

Entity Name: SOUTHERN BEVERAGES GROUP LLC

Current Principal Place of Business:

LYFORD MANOR, LYFORD CAY, WEST BAY STREET
NASSAU
BAHAMAS, XX

New Principal Place of Business:

LYFORD MANOR, LYFORD CAY, WEST BAY STREET
NASSAU
BAHAMAS, XX XXXXX XX

Current Mailing Address:

LYFORD MANOR, LYFORD CAY, WEST BAY STREET
NASSAU
BAHAMAS, XX

New Mailing Address:

LYFORD MANOR, LYFORD CAY, WEST BAY STREET
NASSAU
BAHAMAS, XX XXXXX XX

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DR., SUITE 4
WESTON, FL 33331 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
Name: RODRIGUEZ, ELIGIO
Address: NICANOR A. DE OBARRIO AV,50TH ST, 26TH FL
City-St-Zip: PANAMA, REPUBLIC OF PANAMA, XX

Title: MGRM
Name: RAYDENSTONE INC.
Address: LYFORD MANOR, LYFORD CAY, WEST BAY STREET
City-St-Zip: NASSAU, BAHAMAS, XX XXXXX XX

Title: MGRM
Name: FARMSTEAD LIMITED
Address: LYFORD MANOR, LYFORD CAY, WEST BAY STREET
City-St-Zip: NASSAU, BAHAMAS, XX XXXXX XX

Title: MGRM
Name: LEEFIELD HOLDINGS INC
Address: LYFORD MANOR, LYFORD CAY, WEST BAY STREET
City-St-Zip: NASSAU, BAHAMAS, XX XXXXX XX

I hereby 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: ELIGIO RODRIGUEZ MGR 07/20/2010

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