

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000122988

**FILED**  
**Apr 19, 2011**  
**Secretary of State**

**Entity Name:** SOUTHERN UNITED COMMERCIAL PROPERTIES, L.L.C.

**Current Principal Place of Business:**

C/O CAROLSTAN, INC., MANAGER  
6450 UNIVERSITY BOULEVARD  
WINTER PARK, FL 32792 US

**New Principal Place of Business:**

C/O CAROLSTAN, INC., MANAGER  
312 EMILY DRIVE  
O'FALLON, IL 62269 US

**Current Mailing Address:**

C/O CAROLSTAN, INC., MANAGER  
P.O. BOX 213  
O'FALLON, IL 62269 US

**New Mailing Address:**

**FEI Number:** 27-5062188      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

LEFKOWITZ, IVAN M  
430 NORTH MILLS AVENUE  
SUITE 4  
ORLANDO, FL 32803 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:** CAROLSTAN, INC.  
**Address:** 312 EMILY DRIVE  
**City-St-Zip:** O'FALLON, IL 62269 US

**Title:** MGR  
**Name:** PALLADINO, MELISSA  
**Address:** PO BOX 213  
**City-St-Zip:** O'FALLON, IL 62269 US

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: JAMES H. FULD

PRES

04/19/2011

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