


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 19, 2007 8:00 am
Secretary of State

02-19-2007 90199 023 ****50.00

DOCUMENT # L99000004166	
1. Entity Name SOUTHERN EXCHANGE SERVICE, L.L.C.	

Principal Place of Business 11714 EMERALD COAST PKWY STE. 5 MIRAMAR BEACH, FL 32550	Mailing Address 11714 EMERALD COAST PKWY STE. 5 MIRAMAR BEACH, FL 32550
--	--

00010678



2. Principal Place of Business - No P.O. Box # 12815 Emerald Coast Pkwy	3. Mailing Address 12815 Emerald Coast Pkwy
Suite, Apt. #, etc. Ste 124	Suite, Apt. #, etc. Ste 124
City & State Miramar Beach FL	City & State Miramar Beach FL
Zip 32550	Zip 32550
Country US	Country US

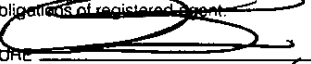
02142007 Chg-LLC CR2E083 (12/06)

4. FEI Number 59-3623124	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	---

5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
--	---------------------------------------

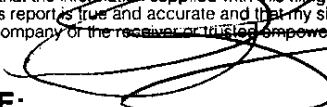
6. Name and Address of Current Registered Agent BRANNON, GEORGE T SR. 12815 EMERALD COAST PARKWAY SUITE 124 MIRAMAR BEACH, FL 32550
--

7. Name and Address of New Registered Agent
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.	DATE 2-17-07 (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2007	Make check payable to Florida Department of State
---	--

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE MGRM	<input type="checkbox"/> Delete	TITLE Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>	
NAME BRANNON, GEORGE T		NAME	
STREET ADDRESS 11714 EMERALD COAST PKWY STE. 5		STREET ADDRESS 12815 Emerald Coast Pkwy Ste 124	
CITY-ST-ZIP MIRAMAR BEACH, FL 32550		CITY-ST-ZIP Miramar Beach FL 32550	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	DATE 2-17-06 Daytime Phone #