

2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT

**FILED**  
**Jan 17, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # L99000005172

1. Entity Name  
SOUTHERN CLASSIC HOMES, L.L.C.



Principal Place of Business  
1999 POINTE WEST DRIVE  
VERO BEACH, FL 32966

Mailing Address  
4520 DIXIE HWY NE  
PALM BAY, FL 32905



01042008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3129140	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

BERGER, ROBERT K  
4520 DIXIE HWY NE  
PALM BAY, FL 32905

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entry 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when renewing) DATE \_\_\_\_\_

FILE NOW!!! FEE IS \$198.75 <sup>143.75</sup>  
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MECHLING, CHUCK 1999 POINTE WEST DRIVE VERO BEACH, FL 32966
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BERGER, ROBERT K 4520 DIXIE HWY NE PALM BAY, FL 32905
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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U00000787862  
01/18/08-80017-002 143.75

**DO NOT WRITE  
IN THIS SPACE**

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: ROBERT K. BERGER

1/16/08

321.723.0388

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #