2001 UNIFORM BUSINESS REPORT (UBR)

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DOCU 1. Entity Nam	MENT # L9900			fill comm	C N					
SOUTHERN COMMERCIAL DEVELOPERS, L.L.C.						FILED				
Principal Place of Business Mailing Address						OIFEB12 AMID: 00				
118 W ADAMS ST 118 W ADAMS ST					, .	SECRET TALLAHA	ARY OF	STATE	Ē	
10TH FLOOR JACKSONVILLE FL 32202 . JACKSONVILLE FL 32202					}					
		5	-							
2. Principal Place of Business 3. Mailing Address]		.I G III) B)0 i i 0 i 1 i 0 j i	
	Suite, Apt. #, etc. : Suite, Apt. #, etc.			<u></u>		DO NOT WRITE IN THIS SPACE				
City & Stat	e 	City & State			4. FEIN	1umber 59-3596005			plied For t Applicable	
Zip	Country	Zip Co		try	5. Certi	5. Certificate of Status Desired S5.00 Additional Fee Required				
	6. Name and Address of Current	Registered Agent		Name	7. Nam	e and Address of New Re	gistered Age	nt		
POUCHER, ALLEN L JR ESQ										
320 E ADAMS ST					ress (P.O. Box N	lumber is Not Acceptable)				
JACKSONVILLE FL 32202										
							FL	Zip Code	<u>' </u>	
8. The above	named entity submits this statement for	the purpose of changing its	registere	ed office or req	gistered agent,	or both, in the State of Flor	ida.			
SIGNATURE .	Signature, typed or printed name of registered agent a	nd title if anglicable (NOT	F. Registere	d Agent signature o	equired when reinstati	ng)	DATE			
	Signature, special princes realistic transfer and against									
; ;	,	Make Check Pa		FEE IS \$50 o Departme				•		
9.	MANAGING MEMBE	Do (MCMDERO	10.			ADDITIONS/0	PHANCEC			
TITLE	MGR	Delete	TITLE		 -	, ADDITIONS/N] Change	Addition	
NAME	FOSTER, SCOTT R	_ *****	NAM	E				. •	_]	
STREET ADDRESS CITY-ST-ZIP	118 W ADAMS ST 10TH FLOOR JACKSONVILLE FL 32202			ET ADDRESS -ST-ZIP						
TITLE	MGR	☐ Delete	THTLE		 -	· · · · · · · · · · · · · · · · · · ·		Change	Addition	
NAME	DEAN, THOMAS D.S.		NAMI	i		1	<u> </u>			
STREET ADDRESS	1604 STOCKTON ST			et address -st-zip						
CITY-ST-ZIP TITLE	JACKSONVILLE FL 32204	□ Dolete	TITLE	·	· · · · · · · · · · · · · · · · · · ·	_00000031 -02/19	7 1 - 11 /01011	<u> </u>	1.P Addition	
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NAME			NAMI			U yy		1 overeign		
STREET ADDRESS CITY-ST-ZIP			•	ET ADDRESS -ST-ZIP					}	
TITLE		□ Delete	TITLE					Change	Addition	
NÅME		0000	NAMI				_			
STREET ADDRESS CITY-ST-ZIP				ET ADORESS -ST-ZIP						
11. I hereby c	ertify that the information supplied with	this filing does not qualify fo	r the exe	motion stated	in Section 119.0	07(3)(i), Florida Statutes. I	further certify	that the in	formation	
 indicated 	on this report is true and accurate and bility company or the receiver or trustee	that my signature shall have	the same	e legal effect a	is if made unde	roath; that I am a managi	ng member o	r manager	of the	
Alpha mi xi man										
SIGNAT	SIGNATURE AND TYPED OR PRINTED NAME OF	SON R. TO	STOR	≥ Ma	NAGER	4/0/01	145	<u> </u>	109	
	STANDORE AND LIVED ON PRINTED NAME OF	окапито меляцино мемрек, МА	MALEN, OF	WINDHIZED KER	PRESENTATIVE	Date	Daytin	ne Phone #	,	