2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000005652

Entity Name: SOUTHLAND LANDSCAPE SUPPLY - ATLANTA, LLC

FILED Jan 10, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

C/O CAVCO OF NORTH FLORIDA, INC. 9995 GATE PARKWAY NORTH, SÚITE 200

JACKSONVILLE, FL 32246

Current Mailing Address:

C/O CAVCO OF NORTH FLORIDA, INC 9995 GATE PARKWAY NORTH, SUITE 200 JACKSONVILLE, FL 32246

FEI Number: 59-3598399

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AIOSA, DOUGLAS R 9995 GATE PARKWAY NORTH SUITE 200

JACKSONVILLE, FL 32246 US

Name and Address of New Registered Agent:

C/O CAVCO OF NORTH FLORIDA, INC.

C/O CAVCO OF NORTH FLORIDA, INC 9995 GATE PARKWAY NORTH, SUITE 150

JACKSONVILLE, FL 32246

JACKSONVILLE, FL 32246

New Mailing Address:

9995 GATE PARKWAY NORTH, SUITE 150

AIOSA, DOUGLAS R 9995 GATE PARKWAY NORTH SUITE 150

JACKSONVILLE, FL 32246 US

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

01/10/2007

01/10/2007

MANAGING MEMBERS/MANAGERS:

() Delete

SOUTHLAND FOREST PRO, DUCTS, LLC Name: Address: 9995 GATE PARKWAY NORTH, STE 200

City-St-Zip: JACKSONVILLE, FL 32246

Title: MGR () Delete Name: AIOSA, DOUGLAS R

Address: 9995 GATE PARKWAY, SUITE 200 City-St-Zip: JACKSONVILLE, FL 32246

SIGNATURE: DOUGLAS R AIOSA

ADDITIONS/CHANGES:

Title: (X) Change () Addition CAVCO OF NORTH FLORI, DA Name:

Address: 9995 GATE PARKWAY NORTH, STE 150

City-St-Zip: JACKSONVILLE, FL 32246

(X) Change () Addition Title: MGR

Name: AIOSA, DOUGLAS R

Address: 9995 GATE PARKWAY, SUITE 150 City-St-Zip: JACKSONVILLE, FL 32246

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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.