


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90047 032 ****50.00

DOCUMENT # M01000001072	
1. Entity Name SOUTHERN LIGHT, LLC	

Principal Place of Business 618 AZALEA RD MOBILE, AL 36609	Mailing Address P.O BOX 91127 MOBILE, AL 36691
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2. Principal Place of Business - No P.O. Box # 156 St. Anthony St.	3. Mailing Address 156 St. Anthony St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Mobile, AL	City & State Mobile, AL
Zip 36603	Country USA

04242007 Chg-LLC CR2E083 (12/06)

4. FEI Number 63-1224091	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent	
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**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 NAME STREET ADDRESS CITY-ST-ZIP	MGRM NEWTON, ANDY 1102 LINLEN AVENUE MOBILE, AL 36609 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PAUL BULLINGTON 156 ST. ANTHONY ST. MOBILE, AL 36603 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WALLACE, LEE 4409 THE CEDARS MOBILE, AL 36608 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ERIC DANIELS 156 ST. ANTHONY ST. MOBILE, AL 36603 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PILOT, RODNEY 1055 HILLCREST ROAD, SUITE B-2 MOBILE, AL 36609 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	THE SSI GROUP, INC (MGRM) PO BOX 991835 MOBILE, AL 36691 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PILOT, DAVIS 1055 HILLCREST ROAD, SUITE B-2 MOBILE, AL 36609 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WALLACE, CELIA 3632 DAUPHIN STREET, SUITE 101-B MOBILE, AL 36608 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WILLIAMS, ROBERT J P.O. BOX 16667 MOBILE, AL 36616 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

4/24/2007 (251)662-1170

Date

Daytime Phone #