


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90020 028 ***138.75

DOCUMENT # M01000001072					
1. Entity Name SOUTHERN LIGHT, LLC					
Principal Place of Business 156 ST. ANTHONY ST MOBILE, AL 36603			Mailing Address 156 ST. ANTHONY ST MOBILE, AL 36603		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 63-1224091	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	<input checked="" type="checkbox"/> Delete	TITLE	SLF HOLDINGS, LLC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NEWTON, ANDY		NAME	156 SAINT ANTHONY STREET	
STREET ADDRESS	1102 LINLEN AVENUE		STREET ADDRESS	MOBILE, AL 36603	
CITY-ST-ZIP	MOBILE, AL 36609		CITY-ST-ZIP		
TITLE	MGRM	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALLACE, LEE		NAME		
STREET ADDRESS	4409 THE CEDARS		STREET ADDRESS		
CITY-ST-ZIP	MOBILE, AL 36608		CITY-ST-ZIP		
TITLE	MGRM	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PILOT, RODNEY		NAME		
STREET ADDRESS	1055 HILLCREST ROAD, SUITE B-2		STREET ADDRESS		
CITY-ST-ZIP	MOBILE, AL 36609		CITY-ST-ZIP		
TITLE	MGRM	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PILOT, DAVIS		NAME		
STREET ADDRESS	1055 HILLCREST ROAD, SUITE B-2		STREET ADDRESS		
CITY-ST-ZIP	MOBILE, AL 36609		CITY-ST-ZIP		
TITLE	MGRM	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALLACE, CELIA		NAME		
STREET ADDRESS	3632 DAUPHIN STREET, SUITE 101-B		STREET ADDRESS		
CITY-ST-ZIP	MOBILE, AL 36608		CITY-ST-ZIP		
TITLE	MGRM	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, ROBERT J		NAME		
STREET ADDRESS	P.O. BOX 16667		STREET ADDRESS		
CITY-ST-ZIP	MOBILE, AL 36616		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

Daytime Phone #

Robert J Williams
4/30/08 251-662-1170