



01-20-2004 90203 004 ****50.00

DOCUMENT # M02000001481				Secretary of State 01-20-2004 90203 004 ****50.00	
1. Entity Name SOUTHSTAR CAPITAL, L.L.C.					
Principal Place of Business 1740 CENTURY CIR. SUITE 16 ATLANTA, GA 30345		Mailing Address 1740 CENTURY CIR. SUITE 16 ATLANTA, GA 30345			
2. Principal Place of Business		3. Mailing Address 3814 EMILIA DR.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01122004 Chg-LLC CR2E083 (10/03)	
City & State		City & State DAYTONA BEACH, FL		4. FEI Number 74-3026751	
Zip		Country U.S.A.		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent BOLLING, RONNIE L 3814 EMILIA DR. DAYTONA BEACH, FL 32127				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, 2004				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BOLLING, RONNIE L 3814 EMILIA DR. DAYTONA BEACH, FL 32127	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Ronnie L. Bolling RONNIE L. BOLLING 1/13/04 788-0278 (386)					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					