2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 14, 2005 8:00 am
Secretary of State
01-14-2005 90039 024 ****50.00

DOCUMENT # M02000001481

1. Entity Name
SOUTHSTAR CAPITAL, L.L.C.

Principal Place of Business	Mailing Address
5840 TRAILWOOD DRIVE PORT ORANGE, FL 32127	3814 EMILIA DR. DAYTONA BEACH, FL 32127

01112005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business		3. Mailing Address	
		5840 TRAILWOOD DR.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State: PORT ORANGE, FL	
Zip	Country	Zip: 32127	Country: VOLUSIA

4. FEI Number: 74-3026751 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BOLLING, RONNIE L 3814 EMILIA DR. DAYTONA BEACH, FL 32127	Name: BOLLING, RONNIE L. Street Address (P.O. Box Number is Not Acceptable): 5840 TRAILWOOD DR. City: PORT ORANGE FL Zip Code: 32127

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: Ronnie L. Bolling RONNIE L. BOLLING MANAGING MEMBER DATE: 1/11/05

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2005

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	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BOLLING, RONNIE L. 5840 TRAILWOOD DR. PORT ORANGE, FL 32127	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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 MANAGING MBR 1/11/05 386-788-0278

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #