
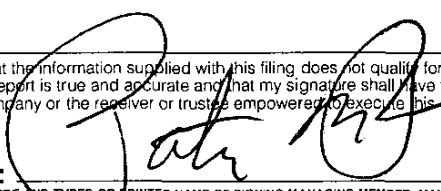


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 27, 2006 8:00 am
Secretary of State

01-27-2006 90071 014 ****50.00

| | | | |
|--|--|--|--|
| DOCUMENT # M03000000478 1. Entity Name SOUTHERN PROPERTIES, LLC | |  | |
| Principal Place of Business 6200 RIVERSIDE DRIVE CLEVELAND, OH 44135 | | Mailing Address 6200 RIVERSIDE DRIVE CLEVELAND, OH 44135 | |
| 2. Principal Place of Business <i>P.O. Box 3117</i> | | 3. Mailing Address <i>P.O. Box 3117</i> | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State <i>PALM BEACH, FL</i> | | City & State <i>PALM BEACH, FL</i> | |
| Zip <i>33480</i> | | Zip <i>33480</i> | |
| Country | | Country | |
| 4. FEI Number NOT APPLICABLE | | 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 C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 | | 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | |
| Filing Fee is \$50.00 Due by May 1, 2006 | | Make check payable to Florida Department of State | |
| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGR PARK CORPORATION 6200 RIVERSIDE DRIVE CLEVELAND, OH 44135 | TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGR PATRICK M. PARK P.O. Box 3117 PALM BEACH, FL 33480 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <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:  | | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | <small>Date Daytime Phone #</small> | |