

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M03000002339

**FILED**  
**Mar 17, 2011**  
**Secretary of State**

**Entity Name:** SOUTHERN CAPITAL BROKERAGE COMPANY, LLC

**Current Principal Place of Business:**

1401 LIVINGSTON LANE  
JACKSON, MS 39213 US

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 78  
ATTN: LISA ROBERTSON  
JACKSON, MS 39205 US

**New Mailing Address:**

**FEI Number:** 11-3671043      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LEE, TOMMY W  
5700 SW 34TH ST  
GAINESVILLE, FL 32608 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: WOOTEN, LARRY B  
Address: 6000 CANADERO DRIVE  
City-St-Zip: RALEIGH, NC 27612 US

Title: MGRM  
Name: FAVREAU, LAURENCE E  
Address: 4741 W CHERYL DR  
City-St-Zip: JACKSON, MS 39211 US

Title: MGRM  
Name: STROBLE, JOEY  
Address: 2205 HERITAGE HILL DR  
City-St-Zip: JACKSON, MS 39211 US

Title: MGRM  
Name: GIANFRANCESCO, GINO  
Address: 215 DEER RUN  
City-St-Zip: RIDGELAND, MS 39157 US

Title: MGRM  
Name: JOHNS, RANDY  
Address: 300 RED EAGLE CIRCLE  
City-St-Zip: RIDGELAND, MS 39157 US

Title: MGRM  
Name: WARD, ROBERT E JR  
Address: 26 EASTBROOKE CIRCLE  
City-St-Zip: MADISON, MS 39110 US

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: ROBERT E. WARD, JR.

MGRM

03/17/2011

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date