2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # M03000002656

1. Entity Name
SOUTHSIDE V, LLC

Principal Place of Business	Mailing Address
2040 HIGHLAND AVE. SOUTH, STE. 1600 BIRMINGHAM, AL 35205	2040 HIGHLAND AVE. SOUTH, STE. 1600 BIRMINGHAM, AL 35205

DO NOT WRITE IN THIS SPACE

01072005 No Chg-LLC   CR2E083 (10/03)

4. FEI Number	Applied For
20-0075936	Not Applicable

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

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
526 E PARK AVENUE
TALLAHASSEE, FL 32301

DO NOT WRITE IN THIS SPACE

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

Filing Fee is $50.00
Due by May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	WELDEN, CHARLES V III
STREET ADDRESS	2040 HIGHLAND AVE. SOUTH, STE. 1600
CITY-ST-ZIP	BIRMINGHAM, AL 35205

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000178321
01/12/05-80023-013 50.00

DO NOT WRITE IN THIS SPACE

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.

Charles V. Welden, III, Manager

SIGNATURE:

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

1/6/05   (205)930-4500