

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 08, 2005 8:00 am
Secretary of State

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| DOCUMENT # M04000000355 1. Entity Name SOUTHERN COMFORT LLC | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Principal Place of Business 800 N FLAGLER DRIVE WEST PALM BEACH, FL 33401 | | Mailing Address 211 Pine Terrace West Palm Beach, FL 33405 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | 3. Mailing Address 211 Pine Terrace West Palm Beach Florida 33405 | | | | | | | | | | | | | | | | | | | | | | | | | |
| City & State West Palm Beach Florida | | 4. FEI Number 81-0617754 | | | | | | | | | | | | | | | | | | | | | | | | | |
| Zip 33405 | | Country USA | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | | 02222005 Chg-LLC CR2E083 (10/03) | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6. Name and Address of Current Registered Agent ZASKEY, CHRISTOPHER 800 N FLAGLER DRIVE WEST PALM BEACH, FL 33401 | | 7. Name and Address of New Registered Agent Michael James Hertzberg 211 Pine Terrace West Palm Beach FL 33405 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 | | DATE Feb 27, 05 | | | | | | | | | | | | | | | | | | | | | | | | | |
| Filing Fee is \$50.00 Due by May 1, 2005 | | Make check payable to Florida Department of State | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">TITLE</td> <td style="width: 80%;">MGR</td> <td style="width: 10%; text-align: center;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>ZASKEY, CHRIS CAPT</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>PO BOX 173</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>PALM BEACH, FL 33480</td> <td></td> </tr> </table> | | TITLE | MGR | <input checked="" type="checkbox"/> Delete | NAME | ZASKEY, CHRIS CAPT | | STREET ADDRESS | PO BOX 173 | | CITY-ST-ZIP | PALM BEACH, FL 33480 | | 10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">TITLE</td> <td style="width: 80%;">Manager</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>William Lepore</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>308 Wildemere Road</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>West Palm Beach, FL 33401</td> <td></td> </tr> </table> | | TITLE | Manager | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | NAME | William Lepore | | STREET ADDRESS | 308 Wildemere Road | | CITY-ST-ZIP | West Palm Beach, FL 33401 | |
| TITLE | MGR | <input checked="" type="checkbox"/> Delete | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 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: | | DATE Feb. 27, 05 | | | | | | | | | | | | | | | | | | | | | | | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | DAYTIME PHONE # 561-212-3704 | | | | | | | | | | | | | | | | | | | | | | | | | |