FILED Apr 21, 2008 8:00 am Secretary of State 04-21-2008 90318 038 ***138.75

CR2E083 (12/06)

Applied For Not Applicable

2008 LIMITED LI ANNUA		Secreta		
DOCUMENT # M0400000 1. Entity Name WALBRIDGE SOUTHERN, LLC	01760			04-21-2008
Principal Place of Business 1543 ROCKY RIVER RD N	Mailing Address 1543 ROCKY RIVER RD N			
MONROE, NC 28110 2. Principal Place of Business - No P.O. Box #	MONROE, NC 28110	, Rock Orive		
8514-130 McAlpine, Park U	Suite, Apt. #, etc.	TUIT UTIVE	04082008	Chg-LLC
Charlotte, NC	Charlotte, NO		4. FEI Numbe 20-0125	
Zip Country	Zip Countr	у	5. Certificate	of Status Desired

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

arall		Country	28211	Country			5. Certificate of Status Desired			ed	\$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent									
C T CORPORATION SYSTEM				Name									
1200 SOUTH PINE ISLAND ROAD			Street Address (P.O. Box Number is Not Acceptable)										
PLANTATION, FL 33324													
					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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE													
		FEE IS \$138.75 Fee will be \$538.75									-	yable to nt of State	
9.		MANAGING MEMBER	S/MANAGERS	10.					ADDITIO	NS/CH	ANGES		
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NAME	HALLER,	RICHARD J		NAM	E	HAllei	r, Kichara	٦,	A		VI	2 000	
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11. I hereby certify that the information supplied with this filling 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.													

Date

Daytime Phone #