

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000003772

FILED
Jul 11, 2007
Secretary of State

Entity Name: SOUTHSIDE VENTURES, LLC

Current Principal Place of Business:

1191 CHENANGO ST.
BINGHAMTON, NY 13901

New Principal Place of Business:

Current Mailing Address:

1191 CHENANGO ST.
BINGHAMTON, NY 13901

New Mailing Address:

FEI Number: 16-1322980 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

ROBINSON, MARK
19505 QUESADA AVE.
UNIT LL 102
PORT CHARLOTTE, FL 33948 US

Name and Address of New Registered Agent:

ROBINSON, MARK
473 GOLD TREE
PUNTA GORDA, FL 33955 US

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:

07/11/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: QUINN, J. WILLIAM
Address: 1191 CHENANGO ST.
City-St-Zip: BINGHAMTON, NY 13901

Title: MGRM () Delete
Name: ROBINSON, MARK
Address: 19505 QUESADA AVE. UNIT LL102
City-St-Zip: PORT CHARLOTTE, FL 33948

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: ROBINSON, MARK
Address: 473 GOLD TREE
City-St-Zip: PUNTA GORDA, FL 33955

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: MARK W ROBINSON

MGRM

07/11/2007

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