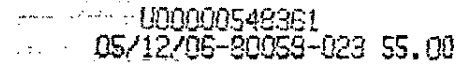
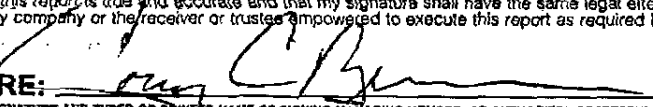


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # M05000004635		
1. Entity Name FIRST SOUTH COMMUNITIES, LLC		
Principal Place of Business 1020 BARBER CREEK DRIVE #202 WATKINSVILLE, GA 30677		Mailing Address 1020 BARBER CREEK DRIVE #202 WATKINSVILLE, GA 30677
DO NOT WRITE IN THIS SPACE		
		
04272006No Chg-LLC CR2E083 (11/05)		
4. FEI Number 20-3286832		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒		\$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent		
BROWN, CONWAY 2600 TURNBULL ESTATES DRIVE NEW SMYRNA BEACH, FL 32168		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, 2006		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DAWS, JAMES H 1020 BARBER CREEK DRIVE #202 WATKINSVILLE, GA 30677	 U00000548361 05/12/06-80059-023 55.00 DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PHOENIX INVESTMENT GROUP, LLC 1020 BARBER CREEK DRIVE #202 WATKINSVILLE, GA 30677	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
11. I hereby certify that the information supplied with this filing 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.		
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE		Date 4/26/06 706 227-8977 Daytime Phone #