

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

**FILED**  
**Apr 15, 2008 8:00 am**  
**Secretary of State**

04-15-2008 90115 003 \*\*\*138.75

|                                                                                    |                                                                                   |
|------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # M06000003747</b><br>1. Entity Name<br><b>SOUTHBOUND - WALLS, LLC</b> |  |
|------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|

|                                                                                  |                                                                      |
|----------------------------------------------------------------------------------|----------------------------------------------------------------------|
| Principal Place of Business<br><b>12500 STATE ROUTE 124<br/>PIKETON OH 45661</b> | Mailing Address<br><b>12500 STATE ROUTE 124<br/>PIKETON OH 45661</b> |
|----------------------------------------------------------------------------------|----------------------------------------------------------------------|

|                                                                              |                                                  |
|------------------------------------------------------------------------------|--------------------------------------------------|
| 2. Principal Place of Business - No P.O. Box #<br><b>119 West Second St.</b> | 3. Mailing Address<br><b>119 West Second St.</b> |
| Suite, Apt. #, etc.                                                          | Suite, Apt. #, etc.                              |

|                                    |                                    |
|------------------------------------|------------------------------------|
| City & State<br><b>Waverly, OH</b> | City & State<br><b>Waverly, OH</b> |
| Zip<br><b>45690</b>                | Zip<br><b>45690</b>                |
| Country<br><b>USA</b>              | Country<br><b>USA</b>              |

|                                    |                                                        |
|------------------------------------|--------------------------------------------------------|
| 4. FEI Number<br><b>20-4727192</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|------------------------------------|--------------------------------------------------------|

|                                                                                                 |
|-------------------------------------------------------------------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required |
|-------------------------------------------------------------------------------------------------|

|                                                                                                                             |  |
|-----------------------------------------------------------------------------------------------------------------------------|--|
| 6. Name and Address of Current Registered Agent<br><b>PARKER, SHELLEY<br/>9429 BURLINGTON PLACE<br/>BOCA RATON FL 33434</b> |  |
|-----------------------------------------------------------------------------------------------------------------------------|--|

|                                                    |          |
|----------------------------------------------------|----------|
| 7. Name and Address of New Registered Agent        |          |
| Name                                               |          |
| Street Address (P.O. Box Number is Not Acceptable) |          |
| City                                               |          |
| <b>FL</b>                                          | 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.

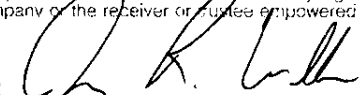
SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent Signature required when changing) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008, Fee Will Be \$538.75**  
**Make Check Payable to Florida Department of State**

| 9. MANAGING MEMBERS/MANAGERS                   |                                                                                                                   |
|------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>MGR<br/>WALLS, JASON R<br/>12500 STATE ROUTE 124<br/>PIKETON OH 45661</b> <input type="checkbox"/> Delete      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>MGR<br/>MONTGOMERY, ANTHONY<br/>12500 STATE ROUTE 124<br/>PIKETON OH 45661</b> <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>MGR<br/>SEYMOUR, REBECCA<br/>12500 STATE ROUTE 124<br/>PIKETON OH 45661</b> <input type="checkbox"/> Delete    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>MGR<br/>MONTGOMERY, TODD<br/>12500 STATE ROUTE 124<br/>PIKETON OH 45661</b> <input type="checkbox"/> Delete    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>MGR<br/>MONTGOMERY, SKID<br/>12500 STATE ROUTE 124<br/>PIKETON OH 45661</b> <input type="checkbox"/> Delete    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                                   |

| 10. ADDITIONS/CHANGES                          |                                                                   |
|------------------------------------------------|-------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:**  **Jason R. Walls** **3/28/08** **740-941-0906**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Florida Phone #