2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000003884

Entity Name: SOUTHLAND INVESTMENT OPPORTUNITIES, L.L.C.

Current Principal Place of Business:	**New Principal Place of Business:**
555 NORTH MAIN STREET MT. PLEASANT, MI 48858	

Current Mailing Address:	**New Mailing Address:**
555 NORTH MAIN STREET MT. PLEASANT, MI 48858	

FEI Number: 20-5119031   FEI Number Applied For ( )   FEI Number Not Applicable ( )   Certificate of Status Desired ( )

Name and Address of Current Registered Agent:	**Name and Address of New Registered Agent:**
ROBERTS, PAUL 9250 CORKSCREW ROAD SUITE 8 ESTERO, FL 33928 US	ROBERTS, PAUL 9990 COCONUT ROAD SUITE 375 BONITA SPRINGS, FL 34135 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: _____   01/24/2012 _____
             Electronic Signature of Registered Agent   Date

MANAGING MEMBERS/MANAGERS:

Title:	MGR
Name:	MARTINEAU, STEVEN W
Address:	555 NORTH MAIN STREET
City-St-Zip:	MT. PLEASANT, MI 48858 US

Title:	MGR
Name:	STARK, JAMES R
Address:	PO BOX 348
City-St-Zip:	MT. PLEASANT, MI 48804 US

Title:	MGR
Name:	BOGE, DANIEL J
Address:	215 NORTH MAIN STREET
City-St-Zip:	MT. PLEASANT, MI 48858 US

Title:	MGR
Name:	VERLEGER, RICHARD D
Address:	1521 BIRCH LANE
City-St-Zip:	WEIDMAN, MI 48893 US

Title:	MGR
Name:	BENCHLEY, BYRON M
Address:	701 BEECH STREET
City-St-Zip:	CLARE, MI 48617 US

Title:	MGR
Name:	ROBERTS, PAUL B
Address:	9990 COCONUT ROAD, SUITE 375
City-St-Zip:	BONITA SPRINGS, FL 34135 US

I hereby 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 Statues.

SIGNATURE: STEVEN W. MARTINEAU   MGR   01/24/2012 _____
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date