

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M97000000826

FILED  
Jul 19, 2008  
Secretary of State

**Entity Name:** SOUTHERN PROPERTY INVESTORS OF GEORGIA, LLC

**Current Principal Place of Business:**

1 HICKORY LANE  
AMELIA ISLAND, FL 32034

**New Principal Place of Business:**

**Current Mailing Address:**

1 HICKORY LANE  
AMELIA ISLAND, FL 32034

**New Mailing Address:**

FEI Number: 58-2345149      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:**

**Name and Address of New Registered Agent:**

PRICE, ROY  
1 HICKORY LANE  
AMELIA ISLAND, FL 32034      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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: PRICE, ROY  
Address: 1 HICKORY LANE  
City-St-Zip: AMELIA ISLAND, FL 32034

Title: MGRM ( ) Delete  
Name: ORTON, RAY  
Address: 1826 OCEAN VILLAGE AVE.  
City-St-Zip: AMELIA ISLAND, FL 32034

**ADDITIONS/CHANGES:**

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

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

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: RAY ORTON

MGR.

07/19/2008

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