


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

#50 check # 1125
FILED
 7 Jul 19, 2004 08:00 AM
 Secretary of State

DOCUMENT # M98000001225
 1. Entity Name
 SOUTH, LLC



Principal Place of Business Mailing Address
 650 LEE RD. 1100 ALTA LOMA ROAD, SUITE 16-B
 LOS ANGELES, CA 90069 LOS ANGELES, CA 90069

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07082004No Chg-LLC OR2E083 (10/03)

4. FEI Number 95-4706487	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
 OLSEN, THOMAS R
 2518 EDGEWATER DRIVE, SUITE 1
 ORLANDO, FL 32804-4406

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)

Filing Fee is \$50.00 Due by September 8, 2004

1100000166989
 07/19/04-8006-019 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BARD, ERVIN 1100 ALTA LOMA ROAD, SUITE 16-B LOS ANGELES, CA 90069
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Ervin Bard* ERVIN BARD Managing member 7-9-04 3106575602
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #