

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90010 040 *****50.00

0008411

DOCUMENT # M98000001225

1. Entity Name

SOUTH, LLC */s/ Ervin R. BARD*



Principal Place of Business

**1100 ALTA LOMA ROAD, SUITE 16-B
LOS ANGELES CA 90069**

Mailing Address

**1100 ALTA LOMA ROAD, SUITE 16-B
LOS ANGELES CA 90069**

2. Principal Place of Business

650 Lee Rd

3. Mailing Address

1100 ALTA LOMA Rd 16-B

Suite, Apt. #, etc.

Suite, Apt. #, etc.

16-B

City & State

Orlando FL

City & State

Los Angeles Ca

Zip

Country

Zip

Country

90069

L.A

4. FEI Number

95-4706487

Applied For

Not Applicable

5. Certificate of Status Desired

~~\$5.00~~ Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**OLSEN, THOMAS R
2518 EDGEWATER DRIVE, SUITE 1
ORLANDO FL 32804-4406**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete
NAME **BARD, ERVIN**
STREET ADDRESS **1100 ALTA LOMA ROAD, SUITE 16-B**
CITY-ST-ZIP **LOS ANGELES CA 90069**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 R. Bard **ERVIN R. BARD**

Manager

3-24-03

310-657-5602

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (10/02)