


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 19, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000020921			
1. Entity Name S.E.G., LLC		Principal Place of Business 1030 N. U.S. HWY 1 ORMOND BEACH FL 32174	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		Mailing Address 1030 N. U.S. HWY 1 ORMOND BEACH FL 32174	
3. Mailing Address Suite, Apt. #, etc.		4. FEI Number 20-2393259	
City & State		City & State	
Zip		Country	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable	



1st MOORE CR2E083 (10/06)

6. Name and Address of Current Registered Agent STRASSER, CHARLES L 1030 N. U.S. HWY 1 ORMOND BEACH FL 32174	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when registering) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR STRASSER, CHARLES L 1030 NORTH US HWY 1 ORMOND BEACH FL 32174 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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04/29/07-80005-010 50.00

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: Charles L Strasser Date: 4-16-07 Daytime Phone #: 386-673-7007

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