



**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 13, 2004 08:00 AM
Secretary of State

DOCUMENT # M01000001018 1. Entity Name PERDIDO POINT, L.L.C.	
--	---

Principal Place of Business 3662 DAUPHIN ST MOBILE, AL 36608	Mailing Address PO BOX 8860 MOBILE, AL 36608
--	--

DO NOT WRITE IN THIS SPACE



05042004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 63-1271494	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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

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 reinstating) _____ DATE _____

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SOUTHEAST PROPERTIES I, L.C. 3662 DAUPHIN ST MOBILE, AL 36608
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000160356
05/13/04-80018-016 50.00

**DO NOT WRITE
IN THIS SPACE**

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:  _____ **Date** 5/13/04 **Daytime Phone #** (251) 460-4570

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