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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90289 047 ***150.00

DOCUMENT # F9700003887

1. Corporation Name

SOUTHEAST LLC MANAGEMENT, INC.

Principal Place	e of Business	Mailing Address				Bango nya 1614 1664 9641	AONA BANA BA		DI SOKII SODE IDDE	
3500 EASTERN BOULEVARD MONTGOMERY AL 36116		3500 EASTERN BOULEVARD MONTGOMERY AL 36116								
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	Anna of Business	Ta Mailing Address	. — . — . — . — . — . — . — . — . — . —			4. FEI Nu	1/1997			to a Con
-	lace of Business	2a. Mailing Address							⊢+	or Applied For
Suite, Apt.	# 616	Suite, Apt. #, etc.				03-1)	77628			Not Applicable Additional
	#, C IC.	27				5. Certifo	ate of Status Desired		* *	Recuired
City & State		City & State			6 Electio	Campaign Financing	n	\$5.00) May Be	
23	_	28				1	und Contribution			tc Fees
Zip	Country	Zip	Count	try		8. This co	rporation owes the cu	ırrent year	ntangible	
24	25	29	30			Persor	al Property Tax.		Yes	[]No
	9. Name and Address of Current	t Registered Agent				10. Name	and Address of New	v Registere	d Agent	
			8	81 N	ame					
	CORPORATION SYSTEM		8	82 S1	reet Acc	dress (P.O. Box	Number is Not Accep	ptable)		
1200 SOUTH PINE ISLAND ROAD				ou ou vie				,		
PLAN	NTATION FL 33324		3	83						
			5	84 C	<u> </u>				. 85 Zip	Code
			-		•			<u> </u>		
11. Pursuant	to the provisions of Sections 607.0502 egistered agent, or bo h, in the State	2 and 607.1508, Florida Statu	ites, the abo	ove-na	med cor	poration submit	s this statement for the	ne purpose	of changing if	ts registered
agent, i a	egistered agent, or boin, in the State t m familiar with, and accept the obligat	tions of, Section 607.0505, Fl	lorida Statut	es.	corpora	DOMS DOME OF C	nectors. Thereby acc	opt the app	on timent do t	cg sicred
SIGNATURE										Į
	Signature, typed or printed name of registered agen			gent sign	ature requi	red when reinstating)	WOULD TO G	DATE	LAID DIDECT	
12.	OFFICERS AN	DIRECTORS	13.		ature requi)NS/CHANGES TO C			
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14. 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 annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made or derivative that I am an officer or director of the corpora ion or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attact ment with an address, with all other like empowered. CITY-ST-ZIP

SIGNATURE: Jennifer P. Autrey

(334)277-1000