



**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F97000003887</b>		
1. Entity Name <b>SOUTHEAST LLC MANAGEMENT, INC.</b>		
Principal Place of Business <b>3500 EASTERN BOULEVARD MONTGOMERY, AL 36116</b>		Mailing Address <b>3500 EASTERN BOULEVARD MONTGOMERY, AL 36116</b>
<b>DO NOT WRITE IN THIS SPACE</b>		
 01232006 No Chg-P CR2E034 (11/05)		
4. FEI Number <b>63-1177628</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required
6. Name and Address of Current Registered Agent  <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>		<b>DO NOT WRITE IN THIS SPACE</b>
6. 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 re-filing) <small>Signature, typed or printed name of registered agent and State if applicable</small> <span style="float: right;">DATE _____</span>		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
		<b>UN00000555788</b> <b>05/16/06-80046-024 150.00</b>
<b>10. OFFICERS AND DIRECTORS</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD ARONOV, JAKE F 3500 EASTERN BOULEVARD MONTGOMERY, AL 36116	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV ARONOV, OWEN W 3500 EASTERN BOULEVARD MONTGOMERY, AL 36116	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST AUTREY, JENNIFER P 3500 EASTERN BOULEVARD MONTGOMERY, AL 36116	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
<b>DO NOT WRITE IN THIS SPACE</b>		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE: <u>Jennifer P. Autrey</u> <u>Jennifer P. Autrey</u> <u>4-19-06</u> <u>334-277-1000</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <span style="float: right;">Date Daytime Phone #</span>		