2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

SIGNATURE:

FILED DOCUMENT # L01000003861 Jan 31, 2007 08:00 AM 1. Entity Name **Secretary of State** S & E PROPERTIES, LLC Principal Place of Business Mailing Address 20001 GULF BLVD 20001 GULF BLVD INDIAN SHORES FL 33785 INDIAN SHORES FL 33785 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suito, Apt. #, etc 1st MOORE CR2E083 (10/06) Applied For City & Stato City & State 4. FEI Number 59-3705815 Not Applicat Zio Country Zio Country \$5.00 Additional Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name PAGE, STEVE Street Address (P.O. Box Number is Not Acceptable) 20001 GULF BLADE STE. 5 INDIAN ROCKS BEACH FL 33785 City 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. (NCT). Hegistered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and life if applicable FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES 9. ☐ Change ☐ Addiii HIH 11333 MGR Delete NAM MALII PAGE, STEVE 0000000611313 SINGEL ADDRESS 20001 GULF BLVD - #5 SHIFT LADORESS 02/02/07-80084-013 50.00 CITY ST 780 CITY ST 719 INDIAN SHORES FL 33785 Change Addition mus ☐ Defete IIII i NAME NAM STREET ADORESS STREET ADDRESS CITY ST 709 CITY ST ZIP Addition Change Delete HHI 14114 NAMI NAM STREET ADDRESS STREET ADDRESS CHY-St 782 CHY ST ZIP Change ☐ Delete IILE Arkiii Till NAM NAME SHAFFADDRESS SIND FADDRESS CRY SI ZIP CHY SI ZP mu ☐ Delete Ш ☐ Change Acidii NAML STREET ADDRESS STREET ADDRESS CITY SI-71P CHY SI 7P Change Articia INTE ☐ Delete 11111 MAIAF STREET ADDRESS SINGFLADDNESS CITY ST ZIP CITY SI 7IP 11. I hereby certify that the information supplied with this filling 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 eath; 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1/22/07