


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # L01000010103	
1. Entity Name SOUTHEASTERN HOLDINGS LTD. CO.	

Principal Place of Business 4529 N. PINE ISLAND ROAD SUNRISE, FL 33351	Mailing Address 4529 N. PINE ISLAND ROAD SUNRISE, FL 33351
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DO NOT WRITE IN THIS SPACE



04202004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 65-1120196	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent MAYER, THOMAS 4529 N. PINE ISLAND ROAD SUNRISE, FL 33351
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**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 _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BLUESTEIN, RONALD 1735 MARKET ST., SUITE 3200 PHILA., PA 19103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGMR MAYER, THOMAS 4529 N. PINE ISLAND ROAD SUNRISE, FL 33351
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04/27/04-80015-011 50.00

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: *Thomas Mayer* 4/20/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #