

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 07, 2005 8:00 am
Secretary of State

04-07-2005 90091 005 ****50.00

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

20027599



04042005 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1120196

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$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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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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by May 1, 2005

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

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

Date

Daytime Phone #