

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90131 045 \*\*\*\*50.00

**DOCUMENT # L01000015862**

1. Entity Name  
**SOUTHEAST PROPERTIES OF VENICE, LLC**



Principal Place of Business  
**100 W. VENICE AVE., STE. G  
VENICE, FL 34285**

Mailing Address  
**100 W. VENICE AVE., STE. G  
VENICE, FL 34285**

24000000



2. Principal Place of Business  
**1777 Tamiami Trail**

3. Mailing Address  
**1777 Tamiami Trail**

Suite, Apt. #, etc.  
**Suite #505**

Suite, Apt. #, etc.  
**Suite #505**

City & State  
**Murdoch, Florida**

City & State  
**Murdoch, Florida**

04272004 Chg-LLC CR2E083 (10/03)

4. FEI Number  
**65-1137857**

Applied For  
Not Applicable

Zip Country  
**33948-1078 USA**

Zip Country  
**33948-1078 USA**

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**BURR, MR. CARLL  
100 W. VENICE AVE., STE. G  
VENICE, FL 34285**

7. Name and Address of New Registered Agent

Name **Burr, Carll S. III**

Street Address (P.O. Box Number is Not Acceptable)  
**100 Airport Ave**

City **Venice**

FL

Zip Code  
**34285**

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, 2004**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR  
NAME **BURR, CARLL S III** ☐ Delete  
STREET ADDRESS **UNIT A 423**  
CITY-ST-ZIP **ENGLEWOOD, FL 34223**

TITLE MGR  
NAME **SVELOKOS, PAUL** ☐ Delete  
STREET ADDRESS **8455 MANASOTA KEY RD**  
CITY-ST-ZIP **ENGLEWOOD, FL 34285**

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE MGR ☒ Change ☐ Addition  
NAME **Burr, Carll S. III**  
STREET ADDRESS **100 Airport Ave**  
CITY-ST-ZIP **Venice, FL 34285**

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**4/28/04 (941) 484-3100**