2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L01000017980

City-St-Zip:

Entity Name: SOUTHEAST CAPITAL ADVISORS, LLC

FILED Jul 02, 2002 8:00 AM Secretary of State

SARASOTA, FL 34242 US

| Current Principal Place of Business: | | New Principal Place of Business: | |
|---|--------------------------------|----------------------------------|--|
| 5585 MIDNIGHT PASS R SUITE 718 SARASOTA, FL 34242 | POAD | | |
| Current Mailing Address: | | New Mailing Address: | |
| 5585 MIDNIGHT PASS R SUITE 718 SARASOTA, FL 34242 | ROAD | | |
| FEI Number: 65-1040151 | FEI Number Applied For () | FEI Number Not Applicable () | Certificate of Status Desired () |
| Name and Address of Current Registered Agent: Name and Address of New Registered Agent: | | | |
| SEABORNE, ARTHUR F 5585 MIDNIGHT PASS R SUITE 718 SARASOTA, FL 34242 | ROAD | | |
| The above named entity sin the State of Florida. | submits this statement for the | purpose of changing its register | ed office or registered agent, or both |
| SIGNATURE: | | | |
| Electron | ic Signature of Registered Ag | ent | Date |
| MANAGING MEMBERS/MEMBERS: | | ADDITIONS/CHANGES: | |
| Title: () Name: Address: |) Delete | | ()Change(X)Addition IE, ARTHUR R NIGHT PAS RD. SUITE 718 |

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: ARTHUR R. SEABORNE MGR 07/02/2002