## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Apr 30, 2004 08:00 AN Secretary of State

	ANNUAL	REPORT	_ <u>.</u>	 
DOCUMENT #	L020000242	245		

Principal Place of Business

1. Entity Name

Mailing Address

4236 NORTH ORANGE BLOSSOM TRAIL ORLANDO, FL 32804

THE SERVICE CENTER SOUTHEAST, LLC

4236 NORTH ORANGE BLOSSOM TRAIL ORLANDO, FL 32804



04052004 No Chg-LLC

CR2E083 (10/03)

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

GARCIA, MARIO A ONE SOUTH ORANGE AVENUE, SUITE 401 ORLANDO, FL 32801 EMPLY THE KILL OF

8.	I. 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 U00000144441 04/30/04-80131-006 50.00

<u> </u>		
9.	MANAGING MEMBERS/MANAGERS	
TITLE .	MGR	
NAME	BERO, H. WILLIAM	
STREET ADDRESS	516 BIRDSONG CT	
CITY-ST-ZIP	LONGWOOD, FL 32779	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP	or and the control of	
TITLE		
NAME		
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NAME		
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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 it 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:

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

4/29/04

467-445-1015

. Daytime Phone #