. ~ '2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L02000024245

1. Entity Name

THE SERVICE CENTER SOUTHEAST, LLC



OF AUG 23 AM 8: 29

Principal Place of Business

Mailing Address

4236 NORTH ORANGE BLOSSOM TRAIL ORLANDO, FL 32804

4236 NORTH ORANGE BLOSSOM TRAIL ORLANDO, FL 32804



07282005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 54-2087015

Applied For Not Applicable

5. Certificate of Status Desired

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\$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

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	named entity submits this statement for the purpose of chanions of registered agent.	ging its registere	d office or registered agent, or both, in the	State of Florida. I am familiar with, and accept
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 September 7, 2005				
9.	MANAGING MEMBERS/MANAGERS			(1771) 11.7°
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BERO, H. WILLIAM 516 BIRDSONG CT LONGWOOD, FL 32779			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			8000: 08/31/ 0 5(59177968)1040003 **55.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NO	T WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS	S SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME 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				

11. Thereby certify that the information supplied with this liting 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 finited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

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

Da

Daytime Phone #