

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000026969

FILED
May 05, 2004
Secretary of State

Entity Name: SOUTHEAST DEVELOPMENTAL SERVICES, L.L.C.

Current Principal Place of Business:

2600 DOUGLAS ROAD STE. 908
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

2600 DOUGLAS ROAD STE. 908
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 55-0816179

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LUSTIG, ROY R
2600 DOUGLAS ROAD STE. 908
CORAL GABLES, FL 33134

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: MALIN, HAROLD M
Address: 11437 SW 84 LANE
City-St-Zip: MIAMI, FL 33173

Title: MGRM (X) Delete
Name: PLUSIDE, HAROLD
Address: 11437 SW 84 LANE
City-St-Zip: MIAMI, FL 33173

Title: MGRM () Delete
Name: PLUSIDE, ROY
Address: 2600 DOUGLAS RD STE 908
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: LUSTIG, ROY R
Address: 2600 DOUGLAS RD STE 908
City-St-Zip: CORAL GABLES, FL 33134

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: HAROLD M. MALIN

MGRM

05/05/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date