


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 21, 2006 8:00 am
Secretary of State

03-21-2006 90296 032 ****50.00

DOCUMENT # L02000031191 1. Entity Name SOUTHEAST LEGAL COPY, LLC					
Principal Place of Business 6 EAST BAY ST STE 300 JACKSONVILLE, FL 32202			Mailing Address 76 SOUTH LAURA STREET, SUITE 1700 JACKSONVILLE, FL 32202		
2. Principal Place of Business		3. Mailing Address 76 S. Laura Street			
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite 2110			
City & State		City & State Jacksonville, Florida			
Zip	Country	Zip 32202	Country USA	4. FEI Number 82-0579713	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent HARPER, LEWIS W 76 SOUTH LAURA STREET, SUITE 1700 JACKSONVILLE, FL 32202			7. Name and Address of New Registered Agent Name BMD Florida Service, LLC Street Address (P.O. Box Number is Not Acceptable) 76 S. Laura Street Suite 2110 City Jacksonville FL Zip Code 32202		
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 <u>Lee S. Walko, Auth. Representative</u> DATE <u>3/9/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM COPY HOLDINGS, LLC 76 S LAURA STREET STE 1700 JACKSONVILLE, FL 32202		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Lee S. Walko, Member of Copy Holdings, LLC</u> DATE <u>3/9/06</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					