## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L02000034664

Entity Name: SOUTHEAST COMMUNITIES, LLC

FILED Apr 28, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

333 3RD AVENUE NORTH 333 3RD AVENUE NORTH

SUITE 400 SUITE 330

ST. PETERSBURG, FL 33701 US ST. PETERSBURG, FL 33701 US

Current Mailing Address: New Mailing Address:

PO BOX 429

ST. PETERSBURG, FL 33731 US

FEI Number: 65-1167051 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:

JENKINS, DAVID A JENKINS, DAVID A

333 THIRD AVENUE NORTH 333 THIRD AVENUE NORTH

SUITE 400 SUITE 330

ST. PETERSBURG, FL 33701 US ST. PETERSBURG, FL 33701 US

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: 04/28/2009

Electronic Signature of Registered Agent Date

## MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

itle: MGRM ( ) Delete Title: MGRM (X) Change ( ) Addition

Name:JJM FUND MANAGEMENT LLCName:JJM FUND MANAGEMENT LLCAddress:333 3RD AVENUE NORTH, SUITE 400Address:333 3RD AVENUE NORTH, SUITE 330City-St-Zip:ST PETERSBURG, FL 33701 USCity-St-Zip:ST PETERSBURG, FL 33701 US

Title: MGRM ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 BERAFFES, INC
 Name:

 Address:
 1010 MONTEREY BLVD.
 Address:

 City-St-Zip:
 ST PETERSBURG, FL 33704 US
 City-St-Zip:

Title: MGRM ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 URBAN COTTAGES, INC.
 Name:

 Address:
 880 SAND PINE DR.
 Address:

 City-St-Zip:
 ST PETERSBURG, FL 33703 US
 City-St-Zip:

Title: MGRM (X) Delete Title: ( ) Change ( ) Addition

 Name:
 ALAGON JOINT VENTURE
 Name:

 Address:
 333 3RD AVENUE N SUITE 400
 Address:

 City-St-Zip:
 ST PETERSBURG, FL 33701 US
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: JEAN GETTING IRWIN MGR 04/28/2009