

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 11, 2003 8:00 am
Secretary of State

09-11-2003 90042 017 ****50.00

DOCUMENT # L02000034664

1. Entity Name

SOUTHEAST COMMUNITIES, LLC



Principal Place of Business

**333 THIRD AVENUE NORTH STE. 400
ST. PETERSBURG FL 33701**

Mailing Address

**333 THIRD AVENUE NORTH STE. 400
ST. PETERSBURG FL 33701**

2. Principal Place of Business

3. Mailing Address

P. O. Box 429

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

St. Petersburg, FL

Zip

Country

Zip

Country

33731

4. FEI Number

65-1167051

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

90155633



6. Name and Address of Current Registered Agent

**MCLAUGHLIN, CRAIG W
333 THIRD AVENUE NORTH STE. 400
ST. PETERSBURG FL 33701**

7. Name and Address of New Registered Agent

Name **Ian F Irwin**

Street Address (P.O. Box Number is Not Acceptable)

333 Third Avenue N Suite 400

City **St Petersburg**

FL

Zip Code

33701

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

Signature, typed or printed name of registered agent and title if applicable.

Ian F Irwin

(NOTE: Registered Agent signature required when reinstating)

9/4/03

DATE

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 24, 2003**

9. MANAGING MEMBERS / MANAGERS

TITLE **MGR**
NAME **IRWIN, IAN F**
STREET ADDRESS **333 THIRD AVENUE NORTH STE. 400**
CITY-ST-ZIP **ST. PETERSBURG FL 33701**

☐ Delete

10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

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☐ Change

☐ Addition

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 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:

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

SIGNATURE REQUIRED Ian F. Irwin, Manager 9/4/03 (727)821-5178

Date

Daytime Phone #

CR2E083 (4/03)

0017223