

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000010877

FILED  
Mar 22, 2004  
Secretary of State

Entity Name: SOUTHEAST FINANCIAL, LLC

## Current Principal Place of Business:

2795 L. B. MCLEOD ROAD  
ORLANDO, FL 32805 US

## New Principal Place of Business:

## Current Mailing Address:

2795 L. B. MCLEOD ROAD  
ORLANDO, FL 32805 US

## New Mailing Address:

FEI Number: 68-0546674

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 US

## Name and Address of New Registered Agent:

SMALL BUSINESS RESOURCES  
773 S. KIRKMAN RD  
#118  
ORLANDO, FL 32811 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: JUDITH DACEY

03/22/2004

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete  
Name: CONLON, MICHAEL  
Address: 2795 L. B. MCLEOD ROAD  
City-St-Zip: ORLANDO, FL 32805 US

Title: MGRM (X) Delete  
Name: BARRY, CHRISTOPHER  
Address: 2795 L. B. MCLEOD ROAD  
City-St-Zip: ORLANDO, FL 32805 US

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: CONLON, MICHAEL  
Address: 9920 MARSH POINTE DR  
City-St-Zip: ORLANDO, FL 32832 US

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

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: MICHAEL B. CONLON

MGRM

03/22/2004

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