

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000011379

Entity Name: SE ENTERPRISES LLC

FILED
Sep 12, 2006
Secretary of State

Current Principal Place of Business:

6349 WOODS STREET
ST CLOUD, FL 34771 US

New Principal Place of Business:

5154 THOMPkins DRIVE
ST CLOUD, FL 34771 US

Current Mailing Address:

4417 13TH STREET
SUITE 521
ST CLOUD, FL 34769

New Mailing Address:

FEI Number: 56-2335346 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

THOMAS, STACY R
6349 WOODS STREET
ST CLOUD, FL 34771 US

Name and Address of New Registered Agent:

THOMAS, STACY R
5154 THOMPkins DRIVE
ST CLOUD, FL 34771 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:

09/12/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: PRES () Delete
Name: THOMAS, STACY R
Address: 6349 WOODS STREET
City-St-Zip: ST CLOUD, FL 34771 US

Title: VP () Delete
Name: THOMAS, EARNEST L JR
Address: 4417 13TH STREET, #521
City-St-Zip: ST CLOUD, FL 34769 US

ADDITIONS/CHANGES:

Title: PRES (X) Change () Addition
Name: THOMAS, STACY R
Address: 5154 THOMPkins DRIVE
City-St-Zip: ST CLOUD, FL 34771 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 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: STACY R THOMAS

PRES

09/12/2006

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