

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jul 12, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L03000013986**

1. Entity Name  
**SOUTHEAST PROPERTIES, LLC**



Principal Place of Business  
**4235 NW 53RD STREET  
GAINESVILLE, FL 32606**

Mailing Address  
**1723 LAKE HARDWOOD DRIVE  
BIRMINGHAM, AL 35242**

**DO NOT WRITE IN THIS SPACE**



07022007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number  
**01-0779089**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**KOFORD, KEITH C  
4235 NW 53RD STREET  
GAINESVILLE, FL 32606**

**DO NOT WRITE  
IN THIS SPACE**

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

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by September 14, 2007**

000000768517  
07/12/07-80014-023 50.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	YOUNG, THOMAS E
STREET ADDRESS	206 GLEN EAGLES DRIVE
CITY-ST-ZIP	DOTHAN, AL 36305
TITLE	MGRM
NAME	HUGHES, MICHAEL
STREET ADDRESS	100 CORPORATE PARKWAY, STE. 125
CITY-ST-ZIP	BIRMINGHAM, AL 35242
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:** \_\_\_\_\_

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

7/9/07

Date

Daytime Phone # \_\_\_\_\_