

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 11, 2005 8:00 am
Secretary of State

07-11-2005 90044 027 ****50.00

20062174



DOCUMENT # L03000035469 1. Entity Name S & E INVESTMENT GROUP, LLC			
Principal Place of Business 15200 S. TAMiami TR. FORT MYERS, FL 33908		Mailing Address 989 BAL ISLE DR. FT. MYERS, FL 33919	
2. Principal Place of Business 15200 S. Tamiami Tr		3. Mailing Address 3914 W. Riverside Dr.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Fort Myers, FL		City & State Fort Myers, FL	
Zip 33908 Country USA		Zip 33901 Country	
4. FEI Number 20-0233922		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent ENNEN, WILLIAM 989 BAL ISLE DR. FT. MYERS, FL 33919		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 <u><i>William Ennen</i></u> DATE <u>7-1-05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)</small>			
Filing Fee is \$50.00 Due by September 7, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE MGRM <input type="checkbox"/> Delete NAME ENNEN, WILLIAM Ennen STREET ADDRESS 989 BAL ISLE DR. 3914 W. Riverside Dr. CITY-ST-ZIP FORT MYERS, FL 33919 33901	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE MGRM <input type="checkbox"/> Delete NAME SPECK, MARY BAW PAT STREET ADDRESS 16629 PANTHER DAWCT PAW CITY-ST-ZIP FORT MYERS, FL 33908	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u><i>William Ennen</i></u> DATE <u>7-1-05</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			