

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90020 014 ****50.00

DOCUMENT # L03000038144

1. Entity Name
TALLAHASSEE ADVISORS, LLC



Principal Place of Business
**ONE INDEPENDENT DR., STE. 1600
JACKSONVILLE, FL 32202**

Mailing Address
**ONE INDEPENDENT DR., STE. 1600
JACKSONVILLE, FL 32202**

14001287



01062005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
56-2407344

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SMITH HULSEY & BUSEY
225 WATER ST., STE. 1800
JACKSONVILLE, FL 32202**

**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 May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE ~~MGRM~~
NAME ~~SOUTHEAST REAL ESTATE INVESTORS~~
STREET ADDRESS ~~1 INDEPENDENT DR SUITE 1600~~
CITY-ST-ZIP ~~JACKSONVILLE, FL 32202~~

TITLE **MGRM**
NAME **SOUTHEAST REAL ESTATE INVESTORS**
STREET ADDRESS **1 INDEPENDENT DR. SUITE 1600**
CITY-ST-ZIP **JACKSONVILLE, FL 32202**

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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, OR AUTHORIZED REPRESENTATIVE

2/10/05

Date

904/634-8808

Daytime Phone #