


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 10, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000050075 1. Entity Name SOUTHEAST BROACH PROPERTY, LLC	
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Principal Place of Business 1420 NORTH WEST 65TH AVENUE PLANTATION, FL 33313 US	Mailing Address C/O ROBERT M. MARTIN 1112 WENDROW WAY MT. PLEASANT, MI 48858 US
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DO NOT WRITE IN THIS SPACE



01052006No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-0449380	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 BITTING, LESLIE E 1420 NORTH WEST 65TH AVENUE PLANTATION, FL 33313
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**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

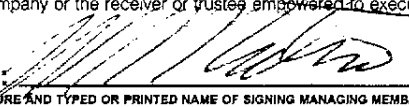
**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WILLIAM L. MARTIN FAMILY LIMITED PARTNERSH 1961 SULLIVAN DRIVE HARRISON, MI 48625
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KDM LLC 1961 SULLIVAN DRIVE HARRISON, MI 48625
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MANIFOLD, JOSEPH W 1961 SULLIVAN DRIVE HARRISON, MI 48625
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

1400000381346
01/11/06-80048-023 50.00

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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:  **Manager Member 01-06-06 989 773-4931**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

William L. Martin