


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 SEP 19 AM 11:08

DOCUMENT # L03000050075		
1. Entity Name SOUTHEAST BROACH PROPERTY, LLC		

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
---	--

2. Principal Place of Business - No P.O. Box #	3. Mailing Address 207 N. Franklin
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State Mt. Pleasant MI
Zip	Zip 48858
Country	Country US



09122008 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-0449380	Applied For 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	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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$138.75
Due by September 12, 2008**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WILLIAM L. MARTIN FAMILY LIMITED PARTNERSH 1961 SULLIVAN DRIVE HARRISON, MI 48625 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM William L. Martin Family Limited Partnersh 207 N. Franklin Mt. Pleasant, MI 48858 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KDM LLC 1961 SULLIVAN DRIVE HARRISON, MI 48625 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KDM LLC 207 N. Franklin Mt. Pleasant MI 48858 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MANIFOLD, JOSEPH W 1961 SULLIVAN DRIVE HARRISON, MI 48625 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	900136269259 09/23/08--01048--005 ***138.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Sept 12 (989)773-4931
Date Daytime Phone #