

# **2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000056128

**FILED**  
**Feb 07, 2004**  
**Secretary of State**

**Entity Name:** SOUTHEAST HOSPITALITY SERVICES LLC

**Current Principal Place of Business:**

11333 CONCH CT  
JACKSONVILLE, FL 32223

**New Principal Place of Business:**

1013 EDGEWOOD AVE  
JACKSONVILLE, FL 32208

**Current Mailing Address:**

11333 CONCH CT  
JACKSONVILLE, FL 32223

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For (X)**                      **FEI Number Not Applicable ( )**                      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

RESULTS SERVICES LLC  
11333 CONCH CT  
JACKSONVILLE, FL 32223    US

**Name and Address of New Registered Agent:**

RESULTS SERVICES LLC  
1013 EDGEWOOD AVE  
JACKSONVILLE, FL 32208    US

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.

SIGNATURE: MIE MARKIEWICZ

02/07/2004

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM    ( ) Delete  
Name: RESULTS SERVICES LLC,  
Address: 11333 CONCH CT  
City-St-Zip: JACKSONVILLE, FL 32223 US

**ADDITIONS/CHANGES:**

Title: MGRM    (X) Change    ( ) Addition  
Name: RESULTS SERVICES LLC,  
Address: 1013 EDGEWOOD AVE  
City-St-Zip: JACKSONVILLE, FL 32208 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: RESULTS SERVICES LLC

MGR

02/07/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date