


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000003285 1. Entity Name SE1, LLC	
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Principal Place of Business 2075 MAIN STREET SUITE 6 SARASOTA, FL 34237	Mailing Address 2075 MAIN STREET SUITE 6 SARASOTA, FL 34237
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DO NOT WRITE IN THIS SPACE



05062006No Chg-LLC CR2E083 (11/05)

4. FEI Number 43-2040404	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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8. Name and Address of Current Registered Agent KARY, WM. 2075 MAIN STREET SUITE 6 SARASOTA, FL 34237

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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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**Filing Fee is \$50.00
Due by September 6, 2006**

05/13/06-80042-012 150.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KARY, WM. 2075 MAIN STREET SUITE 6 SARASOTA, FL 34237
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LEU, DOUG 5301 SOUTHWYCK BLVD., SUITE 202 TOLEDO, OH 43614
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	5-5-06 941 544 5400 <small>Date Daytime Phone #</small>
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