

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 05, 2006 8:00 am
Secretary of State

09-05-2006 90050 028 ****50.00

DOCUMENT # L04000011435					
1. Entity Name SOUTHEAST INVESTMENT PROPERTIES, LLC					
Principal Place of Business 5 HEMLOCK LOOP LANE OCALA, FL 34472			Mailing Address 5 HEMLOCK LOOP LANE OCALA, FL 34472		
2. Principal Place of Business Ocala, FL Suite, Apt. #, etc. 5 HEMLOCK LOOP LANE City & State Ocala, FL Zip 34472			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
4. FEI Number 15-7603677			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 SAUNDERS, CATHERINE C 1301 NE 14TH STREET OCALA, FL 34470			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: DATE: 9-1-06 <small>(NOTE: Registered Agent signature required when reappointing)</small>					
Filing Fee is \$50.00 Due by September 6, 2006			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KOLLOCK, MICHAEL R 5 HEMLOCK LOOP LANE OCALA, FL 34472	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM UNDERWOOD, TARELL E 5 HEMLOCK LOOP LANE OCALA, FL 34472	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROSS, NASTAJAH 1421 SW 27 AVENUE, APT. #2308 OCALA, FL 34474	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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					
Date: 9-1-06 Daytime Phone #: (352) 680-1841					