

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 04, 2007 8:00 am
Secretary of State

04-04-2007 90037 038 ****50.00

DOCUMENT # L04000013168	
1. Entity Name SOUTHEAST AMERICA INVESTMENTS, LLC	



Principal Place of Business 7800 US HWY 17-92 SUITE 182 FERN PARK, FL 33130	Mailing Address 9494 SW FRWY SUITE 500 HOUSTON, TX 77074
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00000191

2. Principal Place of Business - No P.O. Box # 151 South Hall Lane Suite, Apt. #, etc. Suite 240 City & State Maitland, FL Zip 32751	3. Mailing Address 151 South Hall Lane Suite, Apt. #, etc. Suite 240 City & State Maitland, FL Zip 32751
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02222007 Chg-LLC CR2E083 (12/06)

4. FEI Number 42-1619600	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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6. Name and Address of Current Registered Agent FASSETT, LADD H 1325 WEST COLONIAL DRIVE ORLANDO, FL 32804	7. Name and Address of New Registered Agent Name Hendry, Stoner, Calandrino + Brown, P.A. Street Address (P.O. Box Number is Not Acceptable) 20 N. ORANGE AVENUE Suite 600 City Orlando FL Zip Code 32801
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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 **BY: Hendry, Stoner, Calandrino + Brown, P.A.**
Signature, typed or printed name of registered agent and title (applicable). (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM HERNANI, ALTAF 7800 US HWY 17-92 SUITE 182 FERN PARK, FL 32730 <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	MGRM RAJAN, ARIF 587 EAST STATE ROAD 434, 3RD FLOOR LONGWOOD, FL 32750 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 151 South Hall Lane, Suite 240 Maitland, FL 32751
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
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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/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

Daytime Phone #