

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**DOCUMENT # L04000050053**

1. Entity Name  
SOUTHEAST INTERCHANGE COMPLEX, LLC



Principal Place of Business  
675 NORTH BEACH STREET  
ORMOND BEACH, FL 32174

Mailing Address  
675 NORTH BEACH STREET  
ORMOND BEACH, FL 32174

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

FILED  
05 MAY 10 AM 8:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



01112005 Chg-LLC CR2E083 (10/03)

4. FEI Number  
20-1347539

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
HOLUB, PAUL F JR.  
675 NORTH BEACH STREET  
ORMOND BEACH, FL 32174

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

Filing Fee is \$50.00 Due by May 1, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HOLUB, PAUL F JR. 675 NORTH BEACH STREET ORMOND BEACH, FL 32174 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200054754708 <input type="checkbox"/> Change <input type="checkbox"/> Addition 05/19/05--01006--018 ***50.00
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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 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 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: 3/22/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #