

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000051809

FILED
Feb 12, 2007
Secretary of State

Entity Name: SOUTHEAST CAPITAL PROPERTIES, LLC

Current Principal Place of Business:

1800 2ND STREET #970
SARASOTA, FL 34236

New Principal Place of Business:

1800 2ND STREET #970
SARASOTA, FL 34236 US

Current Mailing Address:

1800 2ND STREET #970
SARASOTA, FL 34236

New Mailing Address:

1800 2ND STREET
970
SARASOTA, FL 34236 US

FEI Number: 20-3831860

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SEABORNE, ARTHUR R
1800 2ND STREET #970
SARASOTA, FL 34236 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SEABORNE, ARTHUR R
Address: 1800 2ND STREET #970
City-St-Zip: SARASOTA, FL 34236

Title: MGRM () Delete
Name: SEABORNE, PATRICIA A
Address: 1800 2ND STREET #970
City-St-Zip: SARASOTA, FL 34236

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: SEABORNE, ARTHUR R
Address: 1800 2ND STREET #970
City-St-Zip: SARASOTA, FL 34236 US

Title: MGRM (X) Change () Addition
Name: SEABORNE, PATRICIA A
Address: 1800 2ND STREET #970
City-St-Zip: SARASOTA, FL 34236 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: ARTHUR R SEABORNE

MGR

02/12/2007

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