2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000056209

City-St-Zip:

LYNN HAVEN, FL 32444

Entity Name: POLY-TRIPLEX SOUTHEAST LLC

FILED Apr 02, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 3816 HOUSTON ROAD TALLAHASSEE, FL 32304 **Current Mailing Address: New Mailing Address:** 3816 HOUSTON ROAD TALLAHASSEE, FL 32304 FEI Number: 20-1422460 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MCNEIL, RONALD A 3816 HOUSTON ROAD TALLAHASSEE, FL 32304 US 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: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete MCNEIL, RONALD A Name: Name: Address: 3816 HOUSTON ROAD Address: City-St-Zip: TALLAHASSEE, FL 32304 City-St-Zip: Title: MEMB () Delete Title: () Change () Addition Name: JONES, KATHRYN M Name: Address: 736 DRIFTWOOD DRIVE Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: RONALD MCNEIL MGRM 04/02/2009