

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

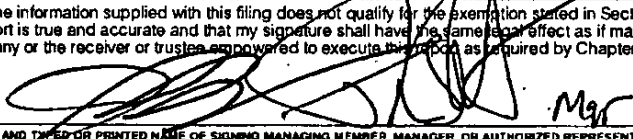
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Mar 07, 2005 8:00 am
Secretary of State

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1st MOORE CR2E083 (10/04)

DOCUMENT # L04000062400					
1. Entity Name SOUTHEAST PROPERTY DEVELOPMENT, LLC					
Principal Place of Business 2455 EAST SUNRISE BLVD., PENTHOUSE NO FORT LAUDERDALE FL 33304			Mailing Address 2455 EAST SUNRISE BLVD., PENTHOUSE NO FORT LAUDERDALE FL 33304		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 20-1538594	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent VENIS, HARRY 2455 EAST SUNRISE BLVD., PENTHOUSE NORTH FORT LAUDERDALE FL 33304				7. Name and Address of New Registered Agent	
Name				Street Address (P.O. Box Number is Not Acceptable)	
City				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 reappointing)					
DATE _____					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005					
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME
	MANAGER	Peter WADSWICK	4360 PETERS ROAD		
		Fort Lauderdale, FL 33317			
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 the report as required by Chapter 608, Florida Statutes.					
SIGNATURE:  Mgr 1-26-05					
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
Date _____ Daytime Phone # _____					