

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Mar 23, 2006 8:00 am**  
**Secretary of State**

03-23-2006 90273 031 \*\*\*\*50.00

**DOCUMENT # L04000062608**

1. Entity Name

SOUTHEAST BUILDING LLC



Principal Place of Business

3105 SOUTHEAST GLASGOW DRIVE  
STUART FL 34997  
US

Mailing Address

3105 SOUTHEAST GLASGOW DRIVE  
STUART FL 34997  
US



2. Principal Place of Business

3105 S.E. GLASGOW DRIVE

3. Mailing Address

3105 S.E. GLASGOW DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E083 (10/05)

City & State

STUART FLORIDA

City & State

STUART, FL

4. FEI Number

42-1650479

Applied For

Not Applicable

Zip

34997

Country

MARTIN

Zip

34997

Country

USA

5. Certificate of Status Desired ☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301

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

SCOTT PIRIE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

MARCH 11, 06

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM  
NAME PIRIE, SCOTT  
STREET ADDRESS 3105 SOUTHEAST GLASGOW DRIVE  
CITY-ST-ZIP STUART FL 34997

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SCOTT T. PIRIE

MARCH 11, 06 772-341-4657

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #