


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Aug 14, 2006 8:00 am**  
**Secretary of State**

08-14-2006 90122 005 \*\*\*\*50.00

<b>DOCUMENT # L04000079399</b>	
1. Entity Name <b>SOUTHEASTERN MANAGEMENT, LLC</b>	

Principal Place of Business <b>1370 13TH AVENUE SOUTH STE 220 JACKSONVILLE BEACH, FL 32250</b>	Mailing Address <b>1370 13TH AVENUE SOUTH STE 220 JACKSONVILLE BEACH, FL 32250</b>
---	---

60052496



2. Principal Place of Business		3. Mailing Address <b>1370 13th Ave South</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>121</b>	
City & State		City & State <b>Jacksonville Beach, FL</b>	
Zip <b>32250</b>	Country	Zip <b>32250</b>	Country <b>Duval</b>

07312006 Chg-LLC CR2E083 (11/05)

4. FEI Number <b>20-1832483</b>	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
---	--------------------------------

6. Name and Address of Current Registered Agent <b>DAVIES, ROBERT G 1370 13TH AVENUE SOUTH STE 220 JACKSONVILLE BEACH, FL 32250</b>	
--	--

7. Name and Address of New Registered Agent	
Name <b>Davies Robert, G</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>1370 13th Ave South Suite 121</b>	
City <b>Jacksonville Beach</b>	FL Zip Code <b>32250</b>

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 <b>Robert Davies</b> <small>Signature, typed or printed name of registered agent and title if applicable.</small>	<b>Robert Davies</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>
	DATE <b>8/8/06</b>

<b>Filing Fee is \$50.00 Due by September 6, 2006</b>	<b>Make check payable to Florida Department of State</b>
---	--

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DAVIES, ROBERT 1370 13TH AVENUE SOUTH STE 220 JACKSONVILLE BEACH, FL 32250 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WILLIAMS, JOHN 1370 13TH AVENUE SOUTH STE 220 JACKSONVILLE BEACH, FL 32250 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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
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
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 exemptions contained in Chapter 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: <b>Robert Davies</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>	<b>8/8/06 (904) 249-0041</b> <small>Date Daytime Phone #</small>
---	---