

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

5/5

FILED
Jun 05, 2008 8:00 am
Secretary of State

05-09-2008 90062 004 ***138.75

DOCUMENT # L04000079399
 1. Entity Name
SOUTHEASTERN MANAGEMENT, LLC



Principal Place of Business Mailing Address
1370 13TH AVENUE SOUTH STE 121 **1370 13TH AVENUE SOUTH STE 121**
JACKSONVILLE BEACH, FL 32250 **JACKSONVILLE BEACH, FL 32250**

30008825



03262008 No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-1832483	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent.
DAVIES, ROBERT G
1370 13TH AVENUE SOUTH STE 121
JACKSONVILLE BEACH, FL 32250

DO NOT WRITE IN THIS SPACE

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 reissuing) DATE: _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$638.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DAVIES, ROBERT 1370 13TH AVENUE SOUTH STE 220 121 JACKSONVILLE BEACH, FL 32250
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 reporter or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Robert Davies 6/2/08 (904) 249-6041
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #