## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000084663

1. Entity Name SOUTHEAST, LLC

FILED Apr 26, 2006 08:00 AM Secretary of State

Principal Place of Business

11544 NORMANDY BLVD. JACKSONVILLE, FL 32211 Mailing Address

11544 NORMANDY BLVD. IACKSONVILLE, FL 32211



03012006 No Chg-LLC

CR2E083 (11/05)

4. FEt Number 20-1267472 Applied For Not Applicat

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

BEARDSLEY, DALE A 4595 LEXINGTON AVE., SUITE #100 JACKSONVILLE, FL 32210

## DO NOT WRITE IN THIS SPACE

<ol> <li>The above named entity submits this statement for the purpose of changing its registered office of registered agent, or both, in the State of Florida. I am familiar with, and accomplete obligations of registered agent.</li> </ol>			
SIGNATURE_	Signature, typed or printed name of registered agent and tritle if applicable.	(NOTE, Registered Agent signature required when reinstating)	DATE
Fi D	iling Fee is \$50.00 ue by May 1, 2006		
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS EITY-ST-ZIP	MGRM TOWER, THOMAS T 11544 NORMANDY BLVD. JACKSONVILLE, FL 32211		
TITLE NAME STREET ABORESS CATY-ST-21P			H00000534550 05/08/06-80016-015 <b>50.00</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE
TITLE MAME STREET ADDRESS CITY-ST-ZIP		IN	THIS SPACE
NTLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE			

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:

NAME STREET ADDRESS CITY-SI-ZIP