



2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 16, 2007 8:00 am
Secretary of State

03-16-2007 90155 020 ****55.00

DOCUMENT # L04000092419					
1. Entity Name SOUTHEASTERN CONSTRUCTION, LLC					
Principal Place of Business 2753 STATE ROAD 580 SUITE 106 CLEARWATER, FL 33761			Mailing Address 2753 STATE ROAD 580 SUITE 106 CLEARWATER, FL 33761		
2. Principal Place of Business - No P O Box # 2502 N. Rocky Point Drive Suite Apt. #, etc Suite 1050 City & State Tampa, FL Zip 33607		3. Mailing Address 2502 N. Rocky Point Drive Suite Apt. #, etc Suite 1050 City & State Tampa, FL Zip 33607		03012007 Chg-LLC CR2E083 (12/06)	
Country USA		Country USA			
4. FEI Number 20-2038995			Applied For Not Applicable		
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent STROHAUER GARY N 1150 CLEVELAND STREET SUITE 300 CLEARWATER, FL 33755			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FLINN, JOHN 2753 STATE ROAD 580, SUITE 201 CLEARWATER, FL 33761	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR John M. Ryan 2502 N. Rocky Point Drive, Suite 1050 Tampa, FL 33607	<input type="checkbox"/> Change <input checked="" 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
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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: 				Date: Murchi/07 Daytime Phone #	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					