


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 07, 2008 08:00 A
Secretary of State

DOCUMENT # L05000006549 1. Entity Name S & E PROPERTY INVESTMENT, LLC	
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Principal Place of Business 5574 OLD BERKLEY RD. AUBURNDAL, FL 33823	Mailing Address PO BOX 1870 AUBUNDALE, FL 33823
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DO NOT WRITE IN THIS SPACE



02242008 No Chg-LLC

CR2E083 (12/07)

4. FE! Number 42-1658310	Applied For <input checked="" 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 BENNETT, BARRY W 106 AVE F SW WINTER HAVEN, FL 33880
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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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

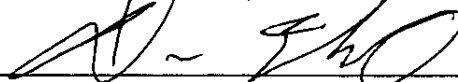
FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

U000000883769
04/17/08-80017-004 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM EVANS, DEAN 5574 OLD BERKLEY RD. AUBURNDAL, FL 33823
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SMITH, JERRY W 2704 ARIANA BLVD. AUBURNDAL, FL 33823
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM EVANS, A. RENEE 5574 OLD BERKLEY RD. AUBURNDAL, FL 33823
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SMITH, STEPHANY L 2704 ARIANA BLVD. AUBURNDAL, FL 33823
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:  **4/2/08**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #