

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000012222

FILED
Apr 25, 2006
Secretary of State

Entity Name: SOUTHEAST CONVEYOR, LLC

Current Principal Place of Business:

1407 FLIGHTLINE BLVD STE #11
DELAND, FL 32724

New Principal Place of Business:

1401 FLIGHTLINE BLVD STE #1
DELAND, FL 32724

Current Mailing Address:

1407 FLIGHTLINE BLVD STE #11
DELAND, FL 32724

New Mailing Address:

1401 FLIGHTLINE BLVD STE #1
DELAND, FL 32724

FEI Number: 20-2285560

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HENN, DANIEL P CPA
1835 CYPRESS RIDGE DRIVE
ORLANDO, FL 32825 US

Name and Address of New Registered Agent:

WALTERS-COOK, TAMYRA S
1401 FLIGHTLINE BLVD. SUITE #1
DELAND, FL 32724 US

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.

SIGNATURE: TAMYRA WALTERS-COOK

04/25/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: WALTERS-COOK, TAMYRA S
Address: 3100 ILLINGWORTH AVENUE
City-St-Zip: ORLANDO, FL 32806

Title: MGRM () Delete
Name: ALDERMAN, ROBERT A
Address: 524 TRADEWINDS DRIVE
City-St-Zip: DELTONA, FL 32738

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: TAMYRA WALTERS-COOK

MGRM

04/25/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date