2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
07 AUG 24 AM 10:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

BK

DOCUMENT # L05000020041

1. Entity Name
SOUTHEAST CORNER, LLC

Principal Place of Business	Mailing Address
1401 BRICKELL AVENUE, SUITE 825 MIAMI, FL 33131	2402 BRICKELL AVENUE, SUITE 825 MIAMI, FL 33131

08242007 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address PO BOX 190359
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State MIAMI BEACH, FL
Zip / Country	Zip 33119 / Country

4. FEI Number 20-8356621 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
STOLZENBERG, KEITH H ESQ 1401 BRICKELL AVENUE STE. 825 MIAMI, FL 33131 BK	Name MARCO LAURETI Street Address (P.O. Box Number is Not Acceptable) 2955 NORTH BAY ROAD City MIAMI BEACH FL Zip Code 33140

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 /s/ Marco Laureti 8/24/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is $50.00 **Make check payable to Florida Department of State**

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM E ROSEPARC INVESTMENT, INC. 1401 BRICKELL AVENUE, SUITE 825 MIAMI, FL 33131	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 700108605297
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR STONE GROUP DEVELOPERS, LLC 540 BRICKELL KEY DRIVE, SUITE 817 MIAMI, FL 33131	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR LAURETI HOLDINGS COMPANY PO BOX 190359 MIAMI BEACH, FL 33119	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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 609, Florida Statutes.

SIGNATURE: ALEXANDER ALMAZAN, ESQ / AS ATTORNEY IN FACT 8/24/07 305-448-4806
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CORPORATION SERVICE COMPANY

L05000020041

RECEIVED
07 AUG 24 PM 4:14
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ACCOUNT NO. : 072100000032

REFERENCE : 069809 7605011

AUTHORIZATION :

COST LIMIT : $ 50

ORDER DATE : August 24, 2007

ORDER TIME : 2:51 PM

ORDER NO. : 069809-010

CUSTOMER NO: 7605011

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ANNUAL REPORT FILING

NAME: SOUTHEAST CORNER, LLC

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XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Unassigned-EXT#

EXAMINER'S INITIALS: _____