

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000033117

FILED
Jun 15, 2009
Secretary of State

Entity Name: SOUTHEAST STUDIO MANAGEMENT, LLC

Current Principal Place of Business:

13945 NW 22ND CT
PEMBROKE PINES, FL 33028

New Principal Place of Business:

950 S. PINE ISLAND RD.
A-150
PLANTATION, FL 33324

Current Mailing Address:

13945 NW 22ND CT
PEMBROKE PINES, FL 33028

New Mailing Address:

950 S. PINE ISLAND RD.
A-150
PLANTATION, FL 33324

FEI Number: 20-2632563 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

NICHOLS, JAMES F
13945 NW 22ND CT
PEMBROKE PINES, FL 33028 US

Name and Address of New Registered Agent:

NICHOLS, JAMES F
950 S. PINE ISLAND RD.
A-150
PLANTATION, FL 33324 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: JAMES NICHOLS

06/15/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: NICHOLS, JAMES F
Address: 13945 NW 22ND CT
City-St-Zip: PEMBROKE PINES, FL 33028

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: NICHOLS, JAMES F
Address: 950 S. PINE ISLAND RD. #A-150
City-St-Zip: PLANTATION, FL 33324

I hereby certify that the information supplied with this filing does not qualify 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: JAMES NICHOLS

MGRM

06/15/2009

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