

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000053788

FILED
Apr 18, 2008
Secretary of State

Entity Name: PROCORP SOUTHEAST, L.L.C.

Current Principal Place of Business:

1709 W GROVELEAF AVENUE
PALM HARBOR, FL 34683 US

New Principal Place of Business:

Current Mailing Address:

1709 W GROVELEAF AVENUE
PALM HARBOR, FL 34683 US

New Mailing Address:

FEI Number: 20-2925806

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROBERT F. DIMARCO, C.P.A. PA
3444 EAST LAKE ROAD
SUITE 412
PALM HARBOR, FL 34685 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MACKIN, GREG
Address: 27 HARBOR WOODS CIRCLE
City-St-Zip: SAFETY HARBOR, FL 34695 US

Title: MGR () Delete
Name: MACKIN, TED
Address: 1250 S PINELLAS AVENUE #505
City-St-Zip: TARPON SPRINGS, FL 34689 US

Title: MGR () Delete
Name: MACKIN, DICK
Address: 1709 W GROVELEAF AVENUE
City-St-Zip: PALM HARBOR, FL 34683

ADDITIONS/CHANGES:

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

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 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: DICK MACKIN

MGR

04/18/2008

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