2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000093849

1. Entity Name

SOUTHEAST FLORIDA GROUP, L.L.C.



FILED Apr 05, 2007 08:00 A Secretary of State

Principal Place of Business

Mailing Address

5529 U.S. HIGHWAY 98 NORTH LAKELAND, FL 33809 5529 U.S. HIGHWAY 98 NORTH LAKELAND, FL 33809



01152007 No Chg-LLC

CR2E083 (11/05)

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4. FEI	Number		Applied For
` 20	-3524301		Not Applicable
5. Cert	ificate of Status Desired	\$5.00	Additional

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SAUNDERS, JOE L 5529 U.S. HIGHWAY 98 NORTH LAKELAND, FL 33809

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the purpose of cha tions of registered agent.	nging its registered office or registered agent, or both, in t	he State of Florida. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and little if applicable	(NOTE: Registered Agent signature required when reinstating)	DATE
	lling Fee is \$50.00 ue by May 1, 2007		"
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SAUNDERS, JOE L 5529 U.S. HIGHWAY 98 NORTH LAKELAND, FL 33809		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			U00000690438 04/11/07-80076-012 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO N	OT WRITE
TITLE NAME STREET ADDRESS CITY-ST-2IP		IN TH	IS SPACE
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:

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

-21-07

Daytime Phone #