

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 01, 2007 8:00 am
Secretary of State

03-01-2007 90193 049 ****50.00

DOCUMENT # L06000013284 1. Entity Name SOUTHEAST GEMS, LLC			
Principal Place of Business 1964 WEST 8TH STREET SUITE 4 RIVIERA BEACH, FL 33404		Mailing Address 2508 NE 8TH LANE OCALA, FL 34470	
2. Principal Place of Business - No P.O. Box # 15855 ASSEMBLY LOOP SUITE 200		3. Mailing Address 2508 NE 8TH LANE	
City & State JUPITER FLORIDA		City & State OCALA FLORIDA	
Zip 33478		Zip 34470	
Country USA		Country USA	
4. FEI Number 20-4264819		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent TEKLINSKI, STEPHEN 1964 WEST 8TH STREET SUITE 4 RIVIERA BEACH, FL 33404		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ (NOTE: Registered Agent Signature required when reconstating) _____ DATE _____			
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SCHOPEF, ROBERT H 1964 WEST 8TH STREET RIVIERA BEACH, FL 33404	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SCHOPEF, ROBERT H 2508 NE 8TH LANE OCALA FL 34470
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TEKLINSKI, STEPHEN 1964 WEST 8TH STREET RIVIERA BEACH, FL 33404	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TEKLINSKI, STEPHEN 15855 ASSEMBLY LOOP JUPITER FL 33478
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 608, Florida Statutes.			
SIGNATURE: <i>Robert H. Schopef</i>		Date 2-21-07 Daytime Phone # 352 402 9950	