


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 14, 2008 08:00 AM
Secretary of State

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| DOCUMENT # L06000013670 1. Entity Name SOUTHEASTERN PROPERTIES OF TALLAHASSEE, LLC |  |
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|---|---|
| Principal Place of Business 3305 CAPITAL CIRCLE, N.E. SUITE 205 TALLAHASSEE, FL 32308 | Mailing Address 3305 CAPITAL CIRCLE, N.E. SUITE 205 TALLAHASSEE, FL 32308 |
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DO NOT WRITE IN THIS SPACE



02122008No Chg-LLC

CR2E083 (12/07)

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| 4. FEI Number 20-4296542 | Applied For <input type="checkbox"/> Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent WEAVER, VIRGINIA A 3305 CAPITAL CIRCLE, N.E. SUITE 205 TALLAHASSEE, FL 32308 |
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IN THIS SPACE**

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 *Virginia A Weaver* DATE *2/13/08*
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

| 9. MANAGING MEMBERS/MANAGERS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR WEAVER, VIRGINIA A 3305 CAPITAL CIRCLE, N.E., SUITE 205 TALLAHASSEE, FL 32308 |
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U00000827734
02/22/08-80002-009 138.75

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: *Virginia A Weaver* DATE *2/13/08*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #