


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 14, 2008 8:00 am
Secretary of State

01-14-2008 90049 031 ***138.75

DOCUMENT # L06000023173	
1. Entity Name SOUTHEAST CONSTRUCTION SERVICES, L.L.C.	

Principal Place of Business 1895 ORANGEWOOD COURT BARTOW, FL 33830	Mailing Address 1895 ORANGEWOOD COURT BARTOW, FL 33830
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00001344

2. Principal Place of Business, No P.O. Box # 5412 Strickland Ave. Suite, Apt. #, etc. SUITE A City & State LAKELAND, FL Zip 33812	3. Mailing Address 5412 Strickland Ave. Suite, Apt. #, etc. SUITE A City & State LAKELAND, FL Zip 33812
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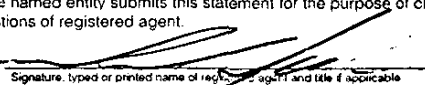
01072008 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-4427808	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 MOORE, MICHAEL 1895 ORANGEWOOD COURT BARTOW, FL 33830	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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:  DATE: 1/6/08
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when restate)

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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MOORE, MICHAEL 1895 ORANGEWOOD COURT BARTOW, FL 33830 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  DATE: 01/07/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE