

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000108183

FILED
Apr 26, 2007
Secretary of State

Entity Name: EURO SOUTHEAST GROUP, LLC

Current Principal Place of Business:

807 CAPE COD CIRCLE
VALRICO, FL 33594

New Principal Place of Business:

Current Mailing Address:

807 CAPE COD CIRCLE
VALRICO, FL 33594

New Mailing Address:

FEI Number: 20-5870615

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SPIKER, MICHAEL E
3615 WEST LEONA STREET
TAMPA, FL 33629 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: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR () Change (X) Addition
Name: SPIKER, MICHAEL E
Address: 807 CAPE COD CIRCLE
City-St-Zip: VALRICO, FL 33594

Title: MGRM () Change (X) Addition
Name: KING, JERALD
Address: 807 CAPE COD CIRCLE
City-St-Zip: VALRICO, FL 33594

Title: M () Change (X) Addition
Name: WILKIE, MARK S
Address: 807 CAPE COD CIRCLE
City-St-Zip: VALRICO, FL 33594

Title: M () Change (X) Addition
Name: YOAKUM, JAMIE
Address: 807 CAPE COD CIRCLE
City-St-Zip: VALRICO, FL 33594

Title: M () Change (X) Addition
Name: DUROURE, DAVID
Address: 807 CAPE COD CIRCLE
City-St-Zip: VALRICO, FL 33594

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: MICHAEL E SPIKER

MGRM

04/26/2007

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