

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000119049

Entity Name: SOUTHEAST 73RD AVE., LLC

FILED  
Apr 01, 2009  
Secretary of State

**Current Principal Place of Business:**

4900 SW 1ST AVENUE  
OCALA, FL 34474

**New Principal Place of Business:**

4900 SW 1ST AVENUE  
OCALA, FL 34471

**Current Mailing Address:**

P.O. BOX 4394  
OCALA, FL 34478

**New Mailing Address:**

FEI Number: 02-0798747

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

KAUFMAN, KATHRYN M  
4900 SW 1ST AVENUE  
OCALA, FL 34474 US

**Name and Address of New Registered Agent:**

KAUFMAN, KATHRYN M  
4900 SW 1ST AVENUE  
OCALA, FL 34471 US

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:

04/01/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: KAUFMAN, KATHRYN M  
Address: P.O. BOX 4469  
City-St-Zip: OCALA, FL 34478

Title: MGRM ( ) Delete  
Name: MCLAUGHLIN, DONNA  
Address: P.O. BOX 4469  
City-St-Zip: OCALA, FL 34478

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: KATHRYN M KAUFMAN

MGRM

04/01/2009

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