


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 15, 2008 8:00 am
Secretary of State

04-15-2008 90107 049 ***138.75

DOCUMENT # L07000065762

1. Entity Name
SOUTHEAST-ATLANTIC CAPITAL, LLC



Principal Place of Business
**6001 BOWENDALE AVENUE
 JACKSONVILLE, FL 32216**

Mailing Address
**6001 BOWENDALE AVENUE
 JACKSONVILLE, FL 32216**

50003226

2. Principal Place of Business - No P.O. Box #
6900 Phillips Hwy


3. Mailing Address
6900 Phillips Hwy

Suite, Apt. #, etc.
Suite 43

City & State
Jacksonville, FL

Zip
32216

Country
USA



01292008 Chg-LLC CR2E083 (12/06)

4. FEI Number
26-0419778

Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**COOPER, CHARLES L'JR., ESQ.
 101-NORTH MONROE STREET, SUITE 900
 TALLAHASSEE, FL 32301**

7. Name and Address of New Registered Agent

Name
Chris Paul

Street Address (P.O. Box Number is Not Acceptable)
6900 Phillips Hwy #43

City
Jacksonville

State
FL

Zip Code
32216

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 *Chris Paul* **Chris Paul** DATE **4/11/08**

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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
	MGR M			<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Chris Paul	6900 Phillips Hwy #43	Jacksonville, FL 32216	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *Chris Paul* **Chris Paul** DATE **4/11/08** DAYTIME PHONE # **904-332-0021**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE