

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

4/ **FILED**
May 21, 2008 8:00 am
Secretary of State

04-24-2008 90009 015 ***138.75

DOCUMENT # L07000066753 1. Entity Name SOUTHEAST-ATLANTIC ADMINISTRATIVE SERVICES, LLC					
Principal Place of Business 6001 BOWDENDALE AVENUE JACKSONVILLE, FL 32216			Mailing Address 6001 BOWDENDALE AVENUE JACKSONVILLE, FL 32216		
2. Principal Place of Business - No P.O. Box # 6900 Phillips Hwy		3. Mailing Address 6900 Phillips Hwy			
Suite, Apt. #, etc. Suite 43		Suite, Apt. #, etc. Suite 43			
City & State Jacksonville, FL		City & State Jacksonville, FL			
Zip 32216		Country USA		4. FEI Number 26-0488023.	
5. Certificate of Status Desired <input type="checkbox"/>		\$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 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 DATE 5/19/08 <small>(NOTE: Registered Agent signature required when re-registering)</small>					
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	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 <small>SIGNATURE AND TYPED OR PRINTED NAME OF EXISTING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			DATE 5/19/08 DAYTIME PHONE # 904-332-0621		

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