

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000092897

FILED
Jul 16, 2008
Secretary of State

Entity Name: SOUTHEAST ADVENTURES, LLC

Current Principal Place of Business:

10191 NW 24TH ST
SUNRISE, FL 33322 US

New Principal Place of Business:

5360 OSCEOLA DRIVE
SAINT CLOUD, FL 34773 US

Current Mailing Address:

10191 NW 24TH ST
SUNRISE, FL 33322 US

New Mailing Address:

5360 OSCEOLA DRIVE
SAINT CLOUD, FL 34773 US

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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: MGRM () Delete
Name: SHTEKELBERG, ROMAN
Address: 10191 NW 24TH ST
City-St-Zip: SUNRISE, FL 33322 US

Title: MGRM () Delete
Name: REYNOLDS, ROY
Address: 7390 E ERLOW PARK
City-St-Zip: ST. CLOUD, FL 34771 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SHTEKELBERG, ROMAN
Address: 5360 OSCEOLA DRIVE
City-St-Zip: SAINT CLOUD, FL 34773 US

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: ROMAN SHTEKELBERG

MR.

07/16/2008

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