2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000010739

Name:

Address:

City-St-Zip:

19135 ANAHEIM DR

SPRING HILL, FL 34610 US

Entity Name: SOUTHEAST ALPACA GROUP, LLC

Apr 13, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 1424 CRYSTAL SPRINGS ROAD ZEPHYRHILLS, FL 33540 US **Current Mailing Address: New Mailing Address:** 1424 CRYSTAL SPRINGS ROAD ZEPHYRHILLS, FL 33540 FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: FINKE, PAT 1424 CRYSTAL SPRINGS ROAD ZEPHYRHILLS, FL 33540 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: ADDITIONS/CHANGES: MGRM () Delete Title: () Change () Addition FINKE, PAT Name: Name: 1424 CRYSTAL SPRINGS ROAD Address: Address: City-St-Zip: ZEPHYRHILLS, FL 33540 US City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: TEMPLE, SHEILA Name: Address: 5420 S. FARM POINT Address: City-St-Zip: HOMOSSASA, FL 34446 US City-St-Zip: Title: MGRM () Delete Title: MGRM (X) Change () Addition EDWARD, ESTEVE V ESTEVE, EDWARD V Name: Name: 3655 NORTH SCENIC HIGHWAY Address: 3655 NORTH SCENIC HIGHWAY Address: City-St-Zip: LAKE WALES, FL 33898 US City-St-Zip: LAKE WALES, FL 33898 US Title: MGRM (X) Delete Title: () Change () Addition HANKEY, DEBBIE

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.

Name:

Address:

City-St-Zip:

SIGNATURE: PAT FINKE **MGRM** 04/13/2009