

# **2011 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L10000130799

**FILED**  
**Mar 01, 2011**  
**Secretary of State**

**Entity Name:** MICHAELSON REAL ESTATE PARTNERS SOUTH EAST, LLC

**Current Principal Place of Business:**

3347 WEST BEARSS AVENUE  
TAMPA, FL 33618

**New Principal Place of Business:**

**Current Mailing Address:**

3347 WEST BEARSS AVENUE  
TAMPA, FL 33618

**New Mailing Address:**

**FEI Number:** 27-4357315

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MOSES, MICHAEL N  
12443 SAN JOSE BLVD.  
604  
JACKSONVILLE, FL 32223 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  
Name: FERNCE, LOU  
Address: 3347 W. BEARSS AVE  
City-St-Zip: TAMPA, FL 33618 US

Title: MGRM  
Name: ARMICIODO, PAM  
Address: 3347 W. BEARSS AVE  
City-St-Zip: TAMPA, FL 33618 US

Title: MGRM  
Name: NOWOTARSKI, MIKE  
Address: 3347 W. BEARSS AVE  
City-St-Zip: TAMPA, FL 33618 US

Title: MGRM  
Name: MOSES, MICHAEL  
Address: 12443 SAN JOSE BLVD, STE 604  
City-St-Zip: JACKSONVILLE, FL 32223 US

I hereby 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: MICHEL N. MOSE

MGRM

03/01/2011

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