


FILE NOW: Fee after May 1, will be \$588.75

APPROVED
AND
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1997 FEB -3 PM 1:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILING FEE \$ 203.75	Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE
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1. Name and Mailing Address of Limited Liability Company SOUTHEAST U.S.A., I.C. 3040 ESTERO BLVD. FORT MYERS BEACH FL 33931	DOCUMENT #L95000001008
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1a. Principal Place of Business Address 3040 ESTERO BLVD. FORT MYERS BEACH FL 33931

2. Principal Place of Business		2a. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

3. Date Organized or Qualified 12/28/1995	3a. State of Formation FL
4. FEI Number 65-0631580	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Date of Last Report 03/01/1996	6. Certificate of Status Desired <input checked="" type="checkbox"/> \$675 Additional Fee Required <input type="checkbox"/>

7. Name and Address of Current Registered Agent BUTLER, GAREY F ESQ. HUMPHREY & KNOTT, P.A 1625 HENDRY STREET, SUITE 301 FORT MYERS FL 33901
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8. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code
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9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	SCIALDONE, ANTHONY	18171 PELICAN BAY DR.	FORT MYERS BEACH FL
MGRM	RUSSO, ALFREDO	18166 DEEP PASSAGE LANE	FORT MYERS BEACH FL

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*******203.75 *****203.75**

Handwritten: 7/28/97 2/4/97

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. I further certify that the information indicated on this annual 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; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE:  **1/30/97 (941) 463-6150**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #