

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 MAY 15 AM 11:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000009013
1. Entity Name
SOUTHEASTERN INVESTMENT PARTNERS ONE, LLC

Principal Place of Business Mailing Address
1220 MARSH COVE LANE
PONTE VEDRA BCH, FLA 32082

2. Principal Place of Business Mailing Address
SAME SAME

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number 58-2521634 Applied For Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
~~CI CORPORATION~~

7. Name and Address of New Registered Agent
Name: CURT FENELON
Street Address (P.O. Box Number is Not Acceptable):
800 IRONWOOD DR. #822
PONTE VEDRA BEACH FL 32082

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.
SIGNATURE: *Curt Fenelon* DATE: 4/18/00

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE	CURT FENELON, MG. MEMBER
NAME	
STREET ADDRESS	800 IRONWOOD DR #822
CITY-ST-ZIP	PONTE VEDRA BCH, FL 32082
TITLE	DON ROCHOW - MG. MEMBER
NAME	
STREET ADDRESS	4340 TOWN COMMONS CE
CITY-ST-ZIP	ATLANTA, GA. 30319
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS/CHANGES

TITLE	MEMBER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	MEMBER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. I 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 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: *Curt Fenelon*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (11/99)