

# 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 SAME  
3. Mailing Address 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

7. Name and Address of New Registered Agent

CT CORPORATION

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  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

9. MANAGING MEMBERS/MEMBERS  
TITLE NAME CURT FENELON, MR. MEMBER  
STREET ADDRESS 800 IRONWOOD DR #822  
CITY-ST-ZIP PONTE VEDRA BCH FL 32082  
TITLE NAME DON ROCHOW - MR. MEMBER  
STREET ADDRESS 4340 TOWN COMMONS CE  
CITY-ST-ZIP ATLANTA, GA. 30319  
Delete

10. ADDITIONS/CHANGES  
TITLE NAME MRCM  
STREET ADDRESS 400003279574--8  
CITY-ST-ZIP -06/07/00--01022--020  
\*\*\*\*\*50.00 \*\*\*\*\*50.00  
Change Addition  
Delete

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)