2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M03000002916

1. Entity Name SOUTHEASTERN HOMES LLC



Principal Place of Business

485 HALF DAY RD., STE. 200 BUFFALO GROVE, IL 60089 Mailing Address

485 HALF DAY RD., STE. 200 BUFFALO GROVE, IL 60089

FILED May 23, 2008 08:00 AN Secretary of State



05202008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number		Applied For
20-0184125	「	Not Applicable
5. Certificate of Status Desired	\$5.00) Additional

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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

DO NOT WRITE IN THIS SPACE

		IN THIS SPACE
	named entity submits this statement for the purpose of changing its registere ons of registered agent.	d office or registered agent, or both, in the State of Florida. I am familiar with, and accept
Chirt. 15	manufacture representation of the second sec	
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable (NOTE Registered	Agent signature required when reinstating) DATE
FILE	by September 12, 2008 In accordance with s. 607.19 liability company did not rec	93(2)(b), F.S., the limited eive the prior notice.
9.	MANAGING MEMBERS/MANAGERS	and the second s
TITLE	MGR	
NAME STREET ADDRESS	MILLER, DELORES F 485 HALF DAY RD., STE. 200	U00000952319
CITY-ST-ZIP	BUFFALO GROVE, IL 60089	06/04/08-80073-016 138.7S
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STREET ADDRESS CITY-ST-ZIP		
11 harabica	partify that the information pumplied with this filing does not qualify for the ex-	emotions contained in Chanter 119 Florida Statutes I further certify that the information

11... I nereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 indicated liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

5-20-08

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