

2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED

06 NOV -7 PM 3:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M04000004008					
1. Entity Name SOUTHEAST LIVING LLC					
Principal Place of Business 101 CONVENTION CENTER DRIVE, SUITE 700 LAS VEGAS, NV 89109			Mailing Address 101 CONVENTION CENTER DRIVE, SUITE 700 LAS VEGAS, NV 89109		
2. Principal Place of Business 2000 S EASTERN AVE Suite, Apt. #, etc.		3. Mailing Address 2000 S. EASTERN AVE Suite, Apt. #, etc.			
City & State LAS VEGAS NV		City & State LAS VEGAS NV		4. FEI Number 81-0652828	
Zip 89104		Country USA		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent FRAZIER, M.A. 5200 N. FEDERAL HIGHWAY, #2-1101 FT. LAUDERDALE, FL 33308			7. Name and Address of New Registered Agent Name: MARGIE CASEY Street Address (P.O. Box Number is Not Acceptable): 5200 N FEDERAL HWY #2101 FT LAUDERDALE City: FL Zip Code: 33308		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE: <i>Margie Casey</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE: 11/1/06 <small>(NOTE: Registered Agent signature required when reinstating)</small>		
Amended AR is \$50.00		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE MGRM NAME FRAZIER, M A STREET ADDRESS 5200 N FEDERAL HWY #21101 CITY-ST-ZIP FT LAUDERDALE, FL 33308	<input checked="" type="checkbox"/> Delete		TITLE MANAGER NAME BLACK DIAMOND CONSULTING INC STREET ADDRESS 2000 S. EASTERN AVE CITY-ST-ZIP LAS VEGAS NV 89104	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE MANAGING MEMBER NAME MARGIE CASEY STREET ADDRESS 5200 N FEDERAL HWY #2101 CITY-ST-ZIP FT LAUDERDALE FL 33308	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE MANAGING MEMBER NAME DENNIS CASEY STREET ADDRESS 5200 N FEDERAL HWY #2101 CITY-ST-ZIP FT LAUDERDALE FL 33308	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. I hereby 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 limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: <i>Margie Casey</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			DATE: 11/1/06 DAYTIME PHONE #: 954-560.7141		