

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000003638

FILED  
Jul 14, 2008  
Secretary of State

Entity Name: FIRST SOUTHEAST PARTNERS, LLC

## Current Principal Place of Business:

385 HARBOR BLVD  
STE 230  
DESTIN, FL 32541

## New Principal Place of Business:

10065 WEST EMERALD COAST PKWY.  
SUITE B-201  
DESTIN, FL 32550

## Current Mailing Address:

385 HARBOR BLVD  
STE 230  
DESTIN, FL 32541

## New Mailing Address:

10065 WEST EMERALD COAST PKWY.  
SUITE B-201  
DESTIN, FL 32550

FEI Number: 20-3059565

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MEAD, MICHAEL  
24 WALTER MARTIN  
SUITE 3  
FT. WALTON BEACH, FL 32548 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: BONNER, JOHN W  
Address: 110 HABERSHAW DRIVE, SUITE 121  
City-St-Zip: FAYETTEVILLE, GA 30214

Title: MGRM ( ) Delete  
Name: JOHNSON, CARTER W  
Address: 110 HABERSHAW DRIVE, SUITE 121  
City-St-Zip: FAYETTEVILLE, GA 30214

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: CARTER W. JOHNSON

MR

07/14/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date