

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000004921

FILED
May 02, 2006
Secretary of State

Entity Name: SOUTHEAST FLORIDA FINANCE COMPANY LLC

Current Principal Place of Business:

1601 FORUM PLACE, SUITE 805
WEST PALM BEACH, FL 33401

New Principal Place of Business:

Current Mailing Address:

1601 FORUM PLACE, SUITE 805
WEST PALM BEACH, FL 33401

New Mailing Address:

FEI Number: 20-3407244 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

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: MGR () Delete
Name: VOLLER, KEVIN
Address: 1601 FORUM PLACE, SUITE 805
City-St-Zip: WEST PALM BEACH, FL 33401

Title: MGR () Delete
Name: JOHNSON, WILLIAM
Address: 1601 FORUM PLACE, SUITE 805
City-St-Zip: WEST PALM BEACH, FL 33401

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 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: MICHAEL CLARKE

CFO

05/02/2006

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