

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**

**Feb 25, 2008 08:00 AM  
Secretary of State**

**DOCUMENT # M07000005092**

1. Entity Name  
**THE NELSON SOUTHEAST OPERATING COMPANY, LLC**



Principal Place of Business

**C/O CORPORATION SERVICE COMPANY  
1201 HAY STREET  
TALLAHASSEE, FL 32301**

Mailing Address

**C/O CORPORATION SERVICE COMPANY  
1201 HAY STREET  
TALLAHASSEE, FL 32301**



01292008No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-3373299**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NELSON, JOHN J JR. 226 WALNUT STREET PHILADELPHIA, PA 19106
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR IMBROGNO, JOSEPH 226 WALNUT STREET PHILADELPHIA, PA 19106
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HILL, THOMAS E JR. 226 WALNUT STREET PHILADELPHIA, PA 19106
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GEHEBER, FRED D 1122 WEST PEACHTREE STREET ATLANTA, GA 30309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LEWIS, ALAN M 1122 WEST PEACHTREE STREET ATLANTA, GA 30309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000835373  
02/29/08-80032-009 138.75

**DO NOT WRITE  
IN THIS SPACE**

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:** \_\_\_\_\_

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

**2/14/08**

Date

**25 925 6562**

Daytime Phone #