

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M11000003240

**FILED**  
**Feb 15, 2012**  
**Secretary of State**

**Entity Name:** SOUTHEAST RESIDENTIAL RECOVERY FUND I, LLC

**Current Principal Place of Business:**

3250 MARY STREET, SUITE 306  
MIAMI, FL 33133

**New Principal Place of Business:**

**Current Mailing Address:**

3250 MARY STREET, SUITE 306  
MIAMI, FL 33133

**New Mailing Address:**

**FEI Number:** 27-3885859

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LEVINE, ALAN W ESQUIRE  
1110 BRICKELL AVENUE, SUITE 700  
MIAMI, FL 33131 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:** MGR  
**Name:** STYLES LP, LLC  
**Address:** 3250 MARY STREET, SUITE 306  
**City-St-Zip:** MIAMI, FL 33133

I hereby 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: PAUL C. STEINFURTH

MGR

02/15/2012

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