


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT


FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90024 002 ****50.00

DOCUMENT # M98000000976	
1. Entity Name WSI OF THE SOUTHEAST, LLC	

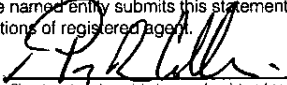
Principal Place of Business 13251 EASTERN AVENUE PORT MANATEE PALMETTO, FL 34221	Mailing Address PO BOX 1498 2735 FRONT STREET GEORGETOWN, SC 29442
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2. Principal Place of Business 13231 EASTERN AVENUE	3. Mailing Address
Suite, Apt. #, etc. PORT MANATEE	Suite, Apt. #, etc.
City & State PALMETTO FL	City & State
Zip 34221	Country

	
04062004 Chg-LLC	CR2E083 (10/03)
4. FEI Number 57-1039966	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

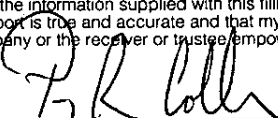
6. Name and Address of Current Registered Agent COLLINS, PERRY R 13251 EASTERN AVENUE FORT MANATEE PALMETTO, FL 34221	
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7. Name and Address of New Registered Agent	
Name COLLINS, PERRY R	
Street Address (P.O. Box Number is Not Acceptable) 13231 EASTERN AVENUE	
City PALMETTO	FL Zip Code 34221

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 	DATE 4-6-04

Filing Fee is \$50.00 Due by May 1, 2004	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM COLLINS, PERRY R 2735 FRONT STREET GEORGETOWN, SC 29442 <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
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
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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 exemption stated in Section 119.07(3)(i), 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: 	DATE 4-6-04 Daytime Phone # 843-527-1743
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	