


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 22, 2007 08:00 AM
Secretary of State

DOCUMENT # L00000007700 1. Entity Name SEYMOUR POWERS CORPORATION, L.L.C.	
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Principal Place of Business % MACLEAN AND EMA 2600 NE 14TH STREET CAUSEWAY POMPANO BEACH, FL 33062	Mailing Address % MACLEAN AND EMA 2600 NE 14TH STREET CAUSEWAY POMPANO BEACH, FL 33062
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DO NOT WRITE IN THIS SPACE



01042007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 65-1026969	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent SCOTT, W. THORNTON ESQ % MACLEAN AND EMA 2600 NE 14TH STREET CAUSEWAY POMPANO BEACH, FL 33062

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

U00000598449
01/24/07-80078-001 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM POWERS, SEYMOUR R TRUSTEE 4869 TALLOWOOD LANE BOCA RATON, FL 33487
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM POWERS, ALICE M TRUSTEE 4869 TALLOWOOD LANE BOCA RATON, FL 33487
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 member of a limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  1/13/07 40
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE
 Seymour R. Powers, Trustee