

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000007700

FILED  
Feb 11, 2009  
Secretary of State

Entity Name: SEYMOUR POWERS CORPORATION, L.L.C.

## Current Principal Place of Business:

% MACLEAN AND EMA  
2600 NE 14TH STREET CAUSEWAY  
POMPANO BEACH, FL 33062

## New Principal Place of Business:

MACLEAN AND EMA  
2600 NE 14TH STREET CAUSEWAY  
POMPANO BEACH, FL 33062

## Current Mailing Address:

% MACLEAN AND EMA  
2600 NE 14TH STREET CAUSEWAY  
POMPANO BEACH, FL 33062

## New Mailing Address:

MACLEAN AND EMA  
2600 NE 14TH STREET CAUSEWAY  
POMPANO BEACH, FL 33062

FEI Number: 65-1026969

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SCOTT, W. THORNTON ESQ  
% MACLEAN AND EMA  
2600 NE 14TH STREET CAUSEWAY  
POMPANO BEACH, FL 33062 US

## Name and Address of New Registered Agent:

SCOTT, W. THORNTON ESQ  
MACLEAN AND EMA  
2600 NE 14TH STREET CAUSEWAY  
POMPANO BEACH, FL 33062 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:

02/11/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: POWERS, SEYMOUR R TRUSTEE  
Address: 4869 TALLOWOOD LANE  
City-St-Zip: BOCA RATON, FL 33487

Title: MGRM ( ) Delete  
Name: POWERS, ALICE M TRUSTEE  
Address: 4869 TALLOWOOD LANE  
City-St-Zip: BOCA RATON, FL 33487

## 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 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: SEYMOUR R. POWERS

MGRM

02/11/2009

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