2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2007
Secretary of State

DOCUMENT# L00000015215

Entity Name: SEER ANALYTICS, LLC

Current Principal Place of Business:

518 N. TAMPA STREET, STE 250
TAMPA, FL 33602

New Principal Place of Business:

Current Mailing Address:

2506 EDGEWOOD RD.
TAMPA, FL 33609

New Mailing Address:

FEI Number: 59-3685869 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

LAZARUS, WILLIAM
2506 EDGEWOOD ROAD
TAMPA, FL 33609 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:	MGRM	( ) Delete
Name:	LAZARUS, WILLIAM	
Address:	518 N. TAMPA ST., STE 250	
City-St-Zip:	TAMPA, FL	
Title:	MGR	( ) Delete
Name:	SHAPIRO, JOAN	
Address:	5614 S DORCHESTER	
City-St-Zip:	CHICAGO, IL	
Title:	MGR	( ) Delete
Name:	PRESSNER, ROBERT	
Address:	13601 TWIN LAKES LANE	
City-St-Zip:	TAMPA, FL	
Title:	MGRM	( ) Delete
Name:	CONNOLLY, MIDGE	
Address:	14107 KNOTTINGSLEY ROAD	
City-St-Zip:	TAMPA, FL	
Title:	MGRM	( ) Delete
Name:	LAZARUS, IRIS	
Address:	2506 EDGEWOOD ROAD	
City-St-Zip:	TAMPA, FL	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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 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: WILLIAM LAZARUS MGRM 04/24/2007

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