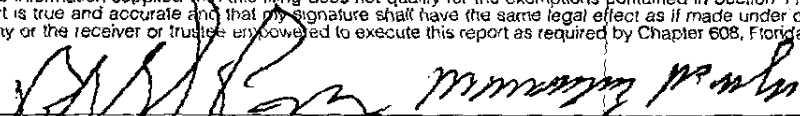


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 21, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000028693					
1. Entity Name SEIS INVESTMENTS, LLC					
Principal Place of Business 2164 15TH CIRCLE NORTH ST. PETERSBURG FL 33713			Mailing Address 2164 15TH CIRCLE NORTH ST. PETERSBURG FL 33713		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 20-0482371	
				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
DEPUGH, R.V. 2164 15TH CIRCLE NORTH ST. PETERSBURG FL 33713				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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 resigning)					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	☐ Delete	TITLE	☐ Change ☐ Add	
NAME	DEPUGH, R.V.		NAME		
STREET ADDRESS	2164 15TH CIRCLE NORTH		STREET ADDRESS	U00000524680	
CITY- ST- ZIP	ST. PETERSBURG FL 33713		CITY- ST- ZIP	05/03/06-80122-015 50.00	
TITLE	MGR	☐ Delete	TITLE	☐ Change ☐ Add	
NAME	LESTINI, JOHN R		NAME		
STREET ADDRESS	2164-15 CIRCLE NORTH		STREET ADDRESS		
CITY- ST- ZIP	SAINT PETERSBURG FL 33713		CITY- ST- ZIP		
TITLE	MGR	☐ Delete	TITLE	☐ Change ☐ Add	
NAME	KOESTER, WERNER		NAME		
STREET ADDRESS	700 CENTRAL AVENUE #700		STREET ADDRESS		
CITY- ST- ZIP	SAINT PETERSBURG FL 33713		CITY- ST- ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Add	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Add	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Add	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 manager of limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes

SIGNATURE:  **4/14/06**