

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000068112

FILED
Mar 22, 2006
Secretary of State

Entity Name: SEMINOLE ASSET COMPANY, LLC

Current Principal Place of Business:

1000 DOUGLAS AVENUE
NO. 24
ALTAMONTE SPRINGS, FL 32714

New Principal Place of Business:

Current Mailing Address:

1000 DOUGLAS AVENUE
NO. 24
ALTAMONTE SPRINGS, FL 32714

New Mailing Address:

FEI Number: 20-3127902

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TOPHAM, ABRAHAM M
2125 RIVER PARK BLVD.
ORLANDO, FL 32817 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: TOPHAM, ABRAHAM M
Address: 2125 RIVER PARK BLVD.
City-St-Zip: ORLANDO, FL 32817

Title: MGRM () Delete
Name: ZERIVITZ, BRAD S
Address: 1000 DOUGLAS AVE., NO.24
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: MGRM () Delete
Name: CARPEAUX, EMILY S
Address: 1000 DOUGLAS AVE., NO. 24
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

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:

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: ABRAHAM M TOPHAM

MGRM

03/22/2006

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