


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 21, 2008 8:00 am**  
**Secretary of State**

04-21-2008 90315 039 \*\*\*138.75

|   |   |
|---|---|
| <b>DOCUMENT # L05000084276</b><br>1. Entity Name<br><b>AMPROP HOLDINGS SEYMOUR, LLC</b> |  |
|---|---|

|  |  |
|--|--|
| Principal Place of Business<br><b>12950 RACETRACK RD. STE 201<br/>SUITE 201<br/>TAMPA, FL 33626 US</b> | Mailing Address<br><b>12950 RACETRACK RD. STE 201<br/>SUITE 201<br/>TAMPA, FL 33626 US</b> |
|--|--|

|   |   |
|---|---|
| 2. Principal Place of Business - No P.O. Box #<br><br>Suite, Apt. #, etc. | 3. Mailing Address<br><br>Suite, Apt. #, etc. |
|---|---|

|                                      |                                      |
|--------------------------------------|--------------------------------------|
| City & State<br><br>Zip      Country | City & State<br><br>Zip      Country |
|--------------------------------------|--------------------------------------|



04042008    Chg-LLC    CR2E083 (12/06)

|   |   |
|---|---|
| <b>6. Name and Address of Current Registered Agent</b><br><br><b>SCHOESSLER, ERIC A<br/>12950 RACETRACK RD. STE 201<br/>SUITE 201<br/>TAMPA, FL 33626</b> | <b>7. Name and Address of New Registered Agent</b><br>Name<br><br>Street Address (P.O. Box Number is Not Acceptable)<br><br>City <b>FL</b> Zip Code |
|---|---|

|   |  |
|---|--|
| 4. FEI Number<br><b>20-3385460</b>  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b> |  |

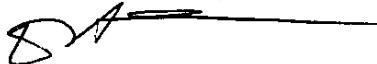
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

|   |  |  |
|---|--|--|
| <b>FILE NOW!!! FEE IS \$138.75<br/>After May 1, 2008 Fee will be \$538.75</b> |  | <b>Make check payable to<br/>Florida Department of State</b> |
|---|--|--|

| 9. MANAGING MEMBERS/MANAGERS |  | 10. ADDITIONS/CHANGES |  |
|------------------------------|--|-----------------------|--|
| TITLE                        | MGRM<br>SCHOESSLER, ERIC A <input type="checkbox"/> Delete | TITLE                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                         | 12950 RACETRACK RD. STE 201                                | NAME                  |  |
| STREET ADDRESS               | TAMPA, FL 33626  | STREET ADDRESS        |  |
| CITY-ST-ZIP                  |  | CITY-ST-ZIP           |  |
| TITLE                        | M <input type="checkbox"/> Delete                          | TITLE                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                         | WALSH, PATRICK J   | NAME                  |  |
| STREET ADDRESS               | 12950 RACETRACK RD. STE 201                                | STREET ADDRESS        |  |
| CITY-ST-ZIP                  | TAMPA, FL 33626  | CITY-ST-ZIP           |  |
| TITLE                        | M <input type="checkbox"/> Delete                          | TITLE                 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                         | STEFAN, TIMOTHY P  | NAME                  | <i>ESTATE OF TIMOTHY STEFAN</i>  |
| STREET ADDRESS               | 12950 RACETRACK RD. STE 201                                | STREET ADDRESS        |  |
| CITY-ST-ZIP                  | TAMPA, FL 33626  | CITY-ST-ZIP           |  |
| TITLE                        | <input type="checkbox"/> Delete                            | TITLE                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                         |  | NAME                  |  |
| STREET ADDRESS               |  | STREET ADDRESS        |  |
| CITY-ST-ZIP                  |  | CITY-ST-ZIP           |  |
| TITLE                        | <input type="checkbox"/> Delete                            | TITLE                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                         |  | NAME                  |  |
| STREET ADDRESS               |  | STREET ADDRESS        |  |
| CITY-ST-ZIP                  |  | CITY-ST-ZIP           |  |
| TITLE                        | <input type="checkbox"/> Delete                            | TITLE                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 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 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 manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:**  \_\_\_\_\_ 4/1/08  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #