

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000016826

**FILED**  
**Apr 04, 2005**  
**Secretary of State**

**Entity Name:** SEMPER WOODS EXECUTIVE MANAGEMENT CO., LLC

**Current Principal Place of Business:**

425 WEST COLONIAL DRIVE  
SUITE 204  
ORLANDO, FL 32804

**New Principal Place of Business:**

**Current Mailing Address:**

425 WEST COLONIAL DRIVE  
SUITE 204  
ORLANDO, FL 32804

**New Mailing Address:**

**FEI Number:** 82-0551589

**FEI Number Applied For** ( )

**FEI Number Not Applicable** ( )

**Certificate of Status Desired** ( )

**Name and Address of Current Registered Agent:**

WOODS, JONATHAN D ESQ.  
425 WEST COLONIAL DRIVE  
SUITE 204  
ORLANDO, FL 32804 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/MEMBERS:**

**Title:** MGRM ( ) Delete  
**Name:** WOODS, JONATHAN D ESQ.  
**Address:** 425 WEST COLONIAL DRIVE, SUITE 204  
**City-St-Zip:** ORLANDO, FL 32804

**ADDITIONS/CHANGES:**

**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 Section 119.07(3)(i), 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: JONATHAN D. WOODS

MGR

04/04/2005

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