


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 06, 2006 8:00 am**  
**Secretary of State**

02-21-2006 90177 012 \*\*\*\*50.00

**DOCUMENT # L05000032026**

1. Entity Name  
**S.E.M.K.P., L.C.**



**30001810**

Principal Place of Business  
**C/O MR. & MRS. STEPHEN E. ROSE  
 4870 N HILLS DR  
 HOLLYWOOD, FL 33021**

Mailing Address  
**C/O MR. & MRS. STEPHEN E. ROSE  
 4870 N HILLS DR  
 HOLLYWOOD, FL 33021**



2. Principal Place of Business  
 State, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

01052008 Chg-LLC CR2E083 (11/05)

4. FEI Number  
**26-0116359**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent  
**A. JEFFREY BARASH, P.A.  
 1140 KANE CONCOURSE  
 BAY HARBOR ISLANDS, FL 33154**

7. Name and Address of New Registered Agent  
 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, this agent.

SIGNATURE *[Signature]* *[Signature]* DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)

**Filing Fee is \$50.00  
 Due by May 1, 2006**

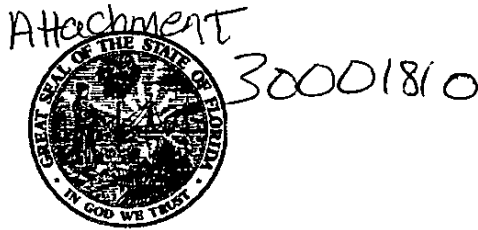
**Make check payable to  
 Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ROSE, STEPHEN E 4870 N HILLS DR HOLLYWOOD, FL 33021 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ROSE, ELLEN 4870 N HILLS DR HOLLYWOOD, FL 33021 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *[Signature]* **2/16/06** **954-962-5965**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 22, 2006

S.E.M.K.P., L.C.  
C/O MR. & MRS. STEPHEN E. ROSE  
4870 N HILLS DR  
HOLLYWOOD, FL 33021

Subject: S.E.M.K.P., L.C.

Reference Number: **L05000032026**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/JE  
ANNUAL REPORTS SECTION