

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000032026

FILED  
Feb 22, 2009  
Secretary of State

Entity Name: S.E.M.K.P., L.C.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

FEI Number: 26-0116359      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

A. JEFFREY BARASH, P.A.  
1140 KANE CONCOURSE  
BAY HARBOR ISLANDS, FL 33154      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: MGR      ( ) Delete  
Name: ROSE, STEPHEN E  
Address: 4870 N HILLS DR  
City-St-Zip: HOLLYWOOD, FL 33021

Title: MGR      ( ) Delete  
Name: ROSE, ELLEN  
Address: 4870 N HILLS DR  
City-St-Zip: HOLLYWOOD, FL 33021

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGR      (X) Change ( ) Addition  
Name: ROSE, ELLEN S  
Address: 4870 N HILLS DR  
City-St-Zip: HOLLYWOOD, FL 33021

I hereby certify that the information supplied with this filing does not qualify 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: STEPHEN E ROSE

MGR

02/22/2009

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