2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L00000000446

1. Entity Name

SEMINOLE STREET PROPERTY, LLC



FILED Jan 31, 2008 08:00 Al Secretary of State

Principal Place of Business 6000 EXECUTIVE BLVD. SUITE 700 ROCKVILLE, MD 20852 Mailing Address
6000 EXECUTIVE BLVD.

SUITE 700 ROCKVILLE, MD 20852



01072008 No Chg-LLC

CR2E083 (12/07)

4.	FEI Number	Applied For	
	52-2215231	Not Applicable	
5.	Certificate of Status Desired	\$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable

HIQ CORPORATE SERVICES, INC. 1574 VILLAGE SQUARE BLVD SUITE 100 TALLAHASSEE, FL 32309 DO NOT WRITE IN THIS SPACE

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	i accept
	the obligations of registered agent.	•	-
SI	GNATURE		

(NOTE, Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

02/07/03-80054-020 138.79

9.		MANAGING MEMBERS/MANAGERS				
	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MEISEL, JOEL S 6000 EXECUTIVE BLVD., STE. 700 ROCKVILLE, MD 20852				
	TITLE NAME STREET ADDRESS CITY-ST-ZIP					
	TITLE NAME STREET ADDRESS GITY-ST-ZIP					
_	NAME STREET ADDRESS CITY-ST-ZIP					
	TWLE NAME STREET ADDRESS CITY-ST-ZIP					
	TITLE NAME STREET ADDRESS CITY-ST-ZIP					
	11. I hereby certify that the information supplied with this filing does not qualify for the					

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11. I hereby certify that the information supplied with this filling 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 eath; 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:

TUREAND TYPED OR RINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

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