2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

DOCUMENT # L00000008756

1. Entity Name SEVILLE MARKETING LLC

04-03-2006 90270 001 ***450.00

Principal Place of Business

1333 N DUVAL ST TALLAHASSEE, FL 32302 Mailing Address

1333 N DUVAL ST TALLAHASSEE, FL 32302



FILED

Apr 03, 2006 8:00 am Secretary of State

03302006 No Chg-LLC

CR2E083 (11/05)

NOT APPLICABLE

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

FLORIDA FILING & SEARCH SERVICES, INC. 1333 N DUVAL ST TALLAHASSEE EL 32302

DO NOT WRITE

771221171	5000,10 02002		IN TH	IS SPACE	
8. The above the obligat	named entity submits this statement for the purpose of char ions of registered agent.	nging its registere	d office or registered agent, or both, in	he State of Florida. I am familiar with,	and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Bogistored	Agent signature required when reinstating)	D. T.	
	Signature, typed or printed name of registered agent and the n applicable.	(MCTE: negistered	Agent signature required when rainstating)	DATE	
Fi D	iling Fee is \$50.00 ue by May 1, 2006				
9.	MANAGING MEMBERS/MANAGERS				
TITLE	MGR				
NAME	BALMORAL MANAGEMENT LLC				
STREET ADDRESS	1030 15TH ST. NW				
CITY-ST-ZIP	WASHINGTON, DC 20005				
TITLE					
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE					
NAME					
STREET ADDRESS			DO N	OT WRITE	
CITY-ST-ZIP			DO N	OI WRITE	
TITLE			INI TH	IIS SPACE	
NAME			114 11	IIS SPACE	
STREET ADDRESS					
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.

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OD AUTHORIZED REPRESENTATIVE

<u>302-424-575</u>0

Daytime Phone #