



2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jan 29, 2004 08:00 AM
Secretary of State

DOCUMENT # L01000008634 1. Entity Name SEMINOLE SOCCER SCHOOL, LLC																																																																							
Principal Place of Business 4005 MISTY MORNING PLACE CASSELBERRY FL 32707			Mailing Address 4005 MISTY MORNING PLACE CASSELBERRY FL 32707																																																																				
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country																																																																				
4. FEI Number NO-T APPLICABLE				Applied For <input type="checkbox"/> Not Applicable																																																																			
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Barcode: 																																																																			
6. Name and Address of Current Registered Agent MCCORKLE, LAWRENCE D 4005 MISTY MORNING PLACE CASSELBERRY FL 32707			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 registered agent.																																																																							
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____																																																																							
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004																																																																							
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="3" style="text-align: left;">9. MANAGING MEMBERS/MANAGERS</th> <th colspan="3" style="text-align: left;">10. ADDITIONS/CHANGES</th> </tr> </thead> <tbody> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">MGRM</td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Delete</td> <td style="width: 15%;">TITLE</td> <td style="width: 55%;"></td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>MCCORKLE, LAWRENCE D</td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>4005 MISTY MORNING PLACE</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>CASSELBERRY FL</td> <td></td> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td colspan="3" style="height: 40px;"></td> <td colspan="3" style="height: 40px;"></td> </tr> <tr> <td colspan="3" style="height: 40px;"></td> <td colspan="3" style="height: 40px;"></td> </tr> <tr> <td colspan="3" style="height: 40px;"></td> <td colspan="3" style="height: 40px;"></td> </tr> <tr> <td colspan="3" style="height: 40px;"></td> <td colspan="3" style="height: 40px;"></td> </tr> <tr> <td colspan="3" style="height: 40px;"></td> <td colspan="3" style="height: 40px;"></td> </tr> <tr> <td colspan="3" style="height: 40px;"></td> <td colspan="3" style="height: 40px;"></td> </tr> </tbody> </table>						9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES			TITLE	MGRM	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	MCCORKLE, LAWRENCE D		NAME			STREET ADDRESS	4005 MISTY MORNING PLACE		STREET ADDRESS			CITY - ST - ZIP	CASSELBERRY FL		CITY - ST - ZIP																																						
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Lawrence D. McCorkle 1/24/04 4073209708
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #