


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90080 001 ****50.00

DOCUMENT # L01000012649					
1. Entity Name SEAGRAVES SEPTIC, LLC					
Principal Place of Business C/O 300 SOURH ORANGE AVE. #1000 ORLANDO, FL 32801			Mailing Address C/O 300 SOURH ORANGE AVE. #1000 ORLANDO, FL 32801		
2. Principal Place of Business 1804 Nashville Street Suite, Apt. #, etc.		3. Mailing Address 1804 Nashville Street Suite, Apt. #, etc.			
City & State Orlando, Florida		City & State Orlando, Florida		4. FEI Number 59-3734551	
Zip 32805		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent HUMPHRIES, J. GREGORY 300 S. ORANGE AVE., STE. 1000 ORLANDO, FL 32801			7. Name and Address of New Registered Agent Name: <u>Corporation Company of Orlando</u> Street Address (P.O. Box Number is Not Acceptable): 300 S. Orange Ave., Suite 1000 (JGH) City: <u>Orlando</u> FL Zip Code: <u>32801</u>		
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: <u>J. Gregory Humphries</u> J. Gregory Humphries, Vice President <u>4-26-04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WOODRUFF, PENNY 1804 NASHVILLE ST ORLANDO, FL 32805		<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			<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 exemption stated in Section 119.07(3)(i), 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: <u>Penny L Woodruff</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date: <u>4/5/04</u> <u>407/841-4321</u> <small>Daytime Phone #</small>		

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