

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L02000002136

1. Entity Name
SEMCO PROPERTIES, LLC



Principal Place of Business
114 HIGHLINE DR
LONGWOOD, FL 32750

Mailing Address
PO BOX 520021
LONGWOOD, FL 32752-0021

DO NOT WRITE IN THIS SPACE



04282005No Chg-LLC

CR2E083 (10/03)

4. FEI Number
41-2024854

Applied For
Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

HUMPHRIES, J. GREGORY ESQ.
300 S. ORANGE AVE., STE. 1000
ORLANDO, FL 32801

**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 accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
ROSS, JERRY
114 HIGHLINE DR
LONGWOOD, FL 32750

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
BANTA, SCOTT J
114 HIGHLINE DR
LONGWOOD, FL 32750

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
BRALEY, JAMES
114 HIGHLINE DR
LONGWOOD, FL 32750

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000350234
05/02/05-80096-016 50.00

**DO NOT WRITE
IN THIS SPACE**

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: SCOTT BANTA

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

Date

Daytime Phone #

4/28/05

407-260-1953