

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 13, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # L02000002192**

1. Entity Name  
**SEM INVESTMENTS, L.L.C.**



Principal Place of Business  
**731 JAMESTOWN DRIVE  
WINTER PARK, FL 32792**

Mailing Address  
**731 JAMESTOWN DRIVE  
WINTER PARK, FL 32792**

**DO NOT WRITE IN THIS SPACE**



02032004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number  
**75-2985698**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**CRAMER, CHARLES W  
1411 EDGWARE DRIVE STE 100  
ORLANDO, FL 32804**

**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 re-registering)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2004**

000000050250  
02/16/04-80002-022 50.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SHUFORD, WILLIAM 731 JAMESTOWN DR WINTER PARK, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MAHAFFEY, WILLIAM 731 JAMESTOWN DR WINTER PARK, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ESTERLINE, DANIEL 731 JAMESTOWN DR WINTER PARK, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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)(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:** *William Mahaffey* **WILLIAM MAHAFFEY**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

*2/10/04*  
Date

*402 304 6333*  
Daytime Phone #