


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 07, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000002192 1. Entity Name SEM INVESTMENTS, L.L.C.	
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Principal Place of Business 731 JAMESTOWN DRIVE WINTER PARK, FL 32792	Mailing Address 731 JAMESTOWN DRIVE WINTER PARK, FL 32792
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DO NOT WRITE IN THIS SPACE



01112005No Chg-LLC CR2E083 (10/03)

4. FEI Number 75-2985698	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent CRAMER, CHARLES W 1411 EDGewater 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

U00000219265
02/08/05-80021-002 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
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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)(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:  **WILLIAM MAHAFFEY** **04 FEB 2005** **407-677-0650**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #