2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

503254900010
9/8/2003-90076-011-$150.00-$150.00

FILED
2003 NOV 19 PM 3:14
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

0000325

DOCUMENT # L02000004517

1. Entity Name
SEMINOLE SPRINGS RESERVE, LLC

Principal Place of Business	Mailing Address
300 S. ORANGE AVE., STE. 1000 ORLANDO FL 32801	300 S. ORANGE AVE., STE. 1000 ORLANDO FL 32801

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
174 Harston Court	174 Harston Court
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Heathrow FL	City & State: Heathrow FL
Zip: 32746-6973 Country: USA	Zip: 32746-6973 Country: USA

4. FEI Number 13-4212303 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
JONES, BRIAN M 300 S. ORANGE AVE., STE. 1000 ORLANDO FL 32801	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 ______________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By September 24, 2003

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE member NAME Vince Militello, MGRM STREET ADDRESS 174 Harston Ct CITY-ST-ZIP Heathrow. FL 32746	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE member NAME Lisa Militello, MGRM STREET ADDRESS 174 Harston Ct CITY-ST-ZIP Heathrow FL 32746	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E083 (4/03)

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: SIGNATURE ON FILE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #