


2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90354 045 ****50.00

DOCUMENT # L02000011080

1. Entity Name
SEEFLOTH PROPERTIES, LLC



Principal Place of Business
918 SE 9TH LANE UNIT B
CAPE CORAL, FL 33990 US

Mailing Address
918 SE 9TH LANE UNIT B
CAPE CORAL, FL 33990 US

60037330



2. Principal Place of Business - No P.O. Box #
408 SE 13th Terrace

3. Mailing Address
Same

Suite, Apt. #, etc.

02222007 Chg-LLC CR2E083 (12/06)

City & State
Cape Coral, FL

City & State

4. FEI Number
01-0686553

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
SEEFLOTH, CLIFFORD L
918 SE 9TH LANE UNIT B
CAPE CORAL, FL 33990

7. Name and Address of New Registered Agent
Name: Seefloth, Clifford L
Street Address (P.O. Box Number is Not Acceptable):
408 SE 13th Terrace
City: Cape Coral FL Zip Code: 33990

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: *Clifford Seefloth* DATE: 3-19-07

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, 2007

Make check payable to
Florida Department of State

| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|--|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM SEEFLOTH, CLIFFORD L 918 SE 9TH LANE UNIT B CAPE CORAL, FL 33990 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Seefloth, Clifford L <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 408 SE 13 th Terrace Cape Coral FL 33990 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM SEEFLOTH, ROXANNE D 918 SE 9TH LANE UNIT B CAPE CORAL, FL 33990 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Seefloth, Roxanne D <input type="checkbox"/> Change <input type="checkbox"/> Addition 408 SE 13 th Terrace Cape Coral FL 33990 |
| 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 |
| 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 exemptions contained in Chapter 119, 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: *Clifford Seefloth* Date: 3-19-07 Daytime Phone #: 239-458-9640

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