


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

60037330



2. Principal Place of Business - No P.O. Box #  
408 SE 13<sup>th</sup> 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 13<sup>th</sup> 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 <sup>th</sup> 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 <sup>th</sup> Terrace Cape Coral FL 33990
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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