2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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Apr 16, 2007 8:00 am
Secretary of State
04-16-2007 90354 045 ****50.00

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02222007 Chg-LLC CR2E083 (12/06)

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1. Entity Name
SEEFLOTH PROPERTIES, LLC

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

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
408 SE 13th Terrace	Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Cape Coral, Fl	City & State
Zip: 33990 Country: USA	Zip Country

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	7. Name and Address of New Registered Agent
SEEFLOTH, CLIFFORD L 918 SE 9TH LANE UNIT B CAPE CORAL, FL 33990	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 ✓ [signature] 3-19-07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Seefloth, Clifford L 408 SE 13th Terrace Cape Coral Fl 33990	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM SEEFLOTH, ROXANNE D 918 SE 9TH LANE UNIT B CAPE CORAL, FL 33990	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Seefloth Roxanne D 408 SE 13th Terrace Cape Coral Fl 33990	☐ 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
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: ✓ [signature] 3-19-07 239-458-9640
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #