

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 06, 2003 8:00 am
Secretary of State

05-06-2003 90066 003 ****50.00

DOCUMENT # L02000011080
1. Entity Name
SEEFLOTH PROPERTIES, LLC

DO NOT WRITE IN THIS SPACE

10102777

2. Principal Place of Business
918 SE 9TH LANE
Suite, Apt. #, etc.
UNIT B
City & State
CAPE CORAL, FL

3. Mailing Address
SAME
Suite, Apt. #, etc.
City & State

DO NOT WRITE IN THIS SPACE

4. FEI Number
01-0686553
Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name
CLIFFORD L. SEEFLOTH
Street Address (P.O. Box Number is Not Acceptable)
918 SE 9TH LANE
UNIT B
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 L. Seefloth* DATE 4/2/03

FEE IS \$50.00
Make Check Payable to Florida Department of State
DUE BY: MAY 1

9. MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM CLIFFORD L. SEEFLOTH 918 SE 9TH LANE, UNIT B CAPE CORAL, FL 33990	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ROXANNE D. SEEFLOTH 918 SE 9TH LANE, UNIT B CAPE CORAL, FL 33990	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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: *Clifford L. Seefloth* DATE 4/2/03 DAYTIME PHONE # 259-574-1318

CRZE083B (12/02)