## 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						05-06-2003 90066 003 ****50.00		
SEEFLOTH PROPERTIES, LLC						÷		
# 16 NO.	1 1	DO NOT WRIT	E IN THIS SPAC	E	W5 - 1			
						401027	99	
	, ,					101027		
2. Principal Place of Business 918 SE 9TH LANE			3. Mailing Address SAME					
Suite, Apt.	#, etc.	THAIAT	Suite, Apt. #, etc.			DO NOT WRI	TE IN THIS SPACE	
UNIT B City & State			City & State			4. FEI Number Applied For		
CAPE CORAL, FL						01-0686553 Not Applicable		
Zip 33990	Country USA		Zip	Zip Country		5. Certificate of Status Desired \$5.00 Additional Fee Required		
33330	DO N	OT WRITE IN T	HIS SPACE		7	. Name and Address of Curren		
The state of the s					Name CLIFFORD L. SEEFLOTH			
					Street Address (P.O. Box Number is Not Acceptable) 918 SE 9TH LANE			
						9ID DAME		
					UNIT B		Zip C	ode
	g. in Epite			<u> </u>	CAPE CO		<b>FL</b>   Zip C	
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 // Harris L. Secretary								
Signature, Typed of, printed name of registered agent and titte if applicable.								
FEE IS \$50.00  Make Check Payable to Florida Department of State  DUE BY MAY 1								
9.	· ·	MANAGING MEMBE	ERS/MANAGERS	102 B.				
TITLE	MGRM							CR2E083B (12/02)
NAME STREET ADDRESS		FORD L. SE SE 9TH LAN	EFLOTH	NAME	T ADDRESS		الراشي والمهرا	38(
CITY - ST - ZIP			33 <u>990</u>	- (£2.4.6)	ST - ZIP			E08
TITLE	MGRM			TITLE	g F o tr∰ - Y ≥ -			28
NAME STREET ADDRESS		NNE D. SEE! SE 9TH LAN!	FLOTH E. UNIT B	NAME STREE	T ADDRESS		and the second	
CITY • ST - ZIP		CORAL, FL		100 per 1	ST ZIP			
TITLE				TITLE	Professional Land Control			
NAME STREET ADDRESS			NAME	T ADDRESS				
CITY - ST - ZIP					ST : ZIP	DO NOT WRITE	IN THIS SPA	<u>CE</u>
TITLE NAME			•	TITLE NAME	de sa li di di di			
STREET ADDRESS				Y93 8 1	T ADDRESS			# 1
CITY - ST - ZIP				. 7.3	ST - ZIP			
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STREET ADDRESS				18	TADORESS #			
CITY - ST - ZIP				'CIT/: τίπιε	ST-ZIP			
TITLE NAME				NAME				14 44
STREET ADDRESS				44368 i.	T ADORESS ST - ZIP			
CITY - ST - ZIP	ertify that th	e information supplied v	with this filing does not au	alify for the e	exemption stated i	in Section 119.07(3)(i), Florida Si	tatutes. I further certi	fy that the
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: ( Septet / 4/2/03 259-574-13/8								

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

Date

Daytime Phone #