

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

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

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

<b>DOCUMENT #</b> L02000011080 1. Entity Name  SEEFLOTH PROPERTIES, LLC
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**DO NOT WRITE IN THIS SPACE**

**10102777**

2. Principal Place of Business 918 SE 9TH LANE <small>Suite, Apt. #, etc.</small> UNIT B <small>City &amp; State</small> CAPE CORAL, FL	3. Mailing Address SAME <small>Suite, Apt. #, etc.</small>
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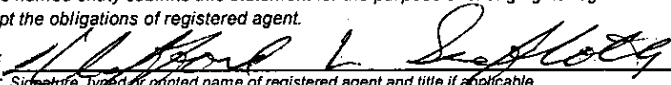
DO NOT WRITE IN THIS SPACE

<small>City &amp; State</small> CAPE CORAL, FL	<small>City &amp; State</small>	4. FEI Number 01-0686553	<small>Applied For</small> <input type="checkbox"/> Not Applicable
<small>Zip</small> 33990	<small>Country</small> USA	<small>Zip</small>	<small>Country</small>
		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> 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	
<small>City</small> CAPE CORAL	<small>FL</small> <small>Zip Code</small> 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.

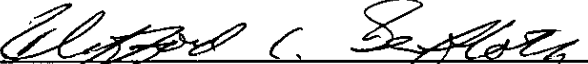
SIGNATURE  DATE 4/2/03

Signature, typed or printed name of registered agent and title if applicable.

**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	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
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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:  DATE 4/2/03 DAYTIME PHONE # 259-574-1318

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

CRZE083B (1202)