

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000016826

**FILED**  
**Apr 27, 2004**  
**Secretary of State**

**Entity Name:** SEMPER WOODS EXECUTIVE MANAGEMENT CO., LLC

**Current Principal Place of Business:**

425 WEST COLONIAL DRIVE, SUITE 204  
ORLANDO, FL 32804

**New Principal Place of Business:**

425 WEST COLONIAL DRIVE  
SUITE 204  
ORLANDO, FL 32804

**Current Mailing Address:**

425 WEST COLONIAL DRIVE, SUITE 204  
ORLANDO, FL 32804

**New Mailing Address:**

425 WEST COLONIAL DRIVE  
SUITE 204  
ORLANDO, FL 32804

FEI Number: 82-0551589

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WOODS, JONATHAN D ESQ.  
425 WEST COLONIAL DRIVE, SUITE 204  
ORLANDO, FL 32804

**Name and Address of New Registered Agent:**

WOODS, JONATHAN D ESQ.  
425 WEST COLONIAL DRIVE  
SUITE 204  
ORLANDO, FL 32804

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.

SIGNATURE: \_\_\_\_\_

04/27/2004

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: WOODS, JONATHAN D ESQ.  
Address: 425 WEST COLONIAL DRIVE, SUITE 204  
City-St-Zip: ORLANDO, FL 32804

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: JONATHAN D. WOODS

MGRM

04/27/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date