

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 27, 2004 8:00 am
Secretary of State

07-27-2004 90001 014 ****50.00

DOCUMENT # L02000026327



1. Entity Name
SEMINOLE THEATER COMPANY, LLC

Principal Place of Business

**7990 LIBERTY LANE
SEMINOLE, FL**

Mailing Address

**32818 WALKER RD
PMB 165
AVON LAKE, OH 44012-1473**

2. Principal Place of Business

7997 LIBERTY LANE

3. Mailing Address

32818 WALKER ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

PMB #165

City & State

SEMINOLE, FL

City & State

AVON LAKE, OH

Zip

33772

Country

USA

Zip

44012

Country

USA

07232004

Chg-LLC

CR2E083 (10/03)

4. FEI Number

43-1977738

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**GRAHAM, KEVIN H
101 EAST KENNEDY BLVD., STE. 2800
TAMPA, FL 33602**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 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 September 8, 2004**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete
NAME **GRAHAM, KEVIN H**
STREET ADDRESS **101 EAST KENNEDY BLVD #2800**
CITY-ST-ZIP **TAMPA, FL 33602**

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

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:

Kevin H Graham

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

7-23-04

Date

440-934-6986

Daytime Phone #