2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

DOCUMENT # L02000026327

1. Entity Name

SEMINOLE THEATER COMPANY, LLC

21.06 180

Principal Place of Business

7990 LIBERTY LANE SEMINOLE, FL 33772

32818 WALKER RD PMB 165

AVON LAKE, OH 44012-1473

FILED Jul 14, 2008 08:00 AM Secretary of State



राज्य के सम्भावना है है। अने मिल्ली स्टूर्ण की होता है अपने के अपने हैं। अने

07112008No Chg-LLC

CR2E083 (12/07)

4. FEI Number 43-1977738	-11-11	Applied For
43-19///30		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

DO NOT WRITE IN THIS SPACE

7-10-08

440-934-6998

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the obligat	named entity submits this statement for the ions of registered agent.		d office or registered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and this	e il applicable(NOTE: Registered	Agent signature required when reinstating) DATE
BENEFILI Due	E NOWIII FEE IS \$138.75 by September 12, 2008	In accordance with s. 607.19 liability company did not rec	3(2)(b), F.S., the limited even the prior notice.
9.	MANAGING MEMBERS/	MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GRAHAM, KEVIN H 101 EAST KENNEDY BLVD #2800 TAMPA, FL 33602		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			U00000954848 07/14/08-80017-017 138.75
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TITLE NAME \$1440 STREET ADDRESS	ত্তিকাৰ সংগ্ৰহ সভাত ১৮৪ জুত্ত অভ্যান্ত স্থান জুত্ত ১৮৪	in apportance with sufficient bability Commany differential	3.8 45t, # St, #s. #asied his the pilot oblice

11. It hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE