

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000041129

FILED  
Apr 24, 2006  
Secretary of State

Entity Name: FSU SEMINOLE INVESTMENTS LLC

**Current Principal Place of Business:**

12956 LEXINGTON SUMMIT ST  
ORLANDO, FL 32828

**New Principal Place of Business:**

**Current Mailing Address:**

12956 LEXINGTON SUMMIT ST  
ORLANDO, FL 32828

**New Mailing Address:**

FEI Number: 35-2218033

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

TSIOTIS, CHRISTA M  
12956 LEXINGTON SUMMIT ST  
ORLANDO, FL 32828 US

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

LEVESQUE, CHRISTA M  
12956 LEXINGTON SUMMIT ST  
ORLANDO, FL 32828 US

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: CHRISTA M LEVESQUE

04/24/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: LEVESQUE, JOHN P  
Address: 12956 LEXINGTON SUMMIT ST  
City-St-Zip: ORLANDO, FL 32828

Title: MGRM ( ) Delete  
Name: TSIOTIS, CHRISTA M  
Address: 12956 LEXINGTON SUMMIT ST  
City-St-Zip: ORLANDO, FL 32828

**ADDITIONS/CHANGES:**

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

Title: MGRM (X) Change ( ) Addition  
Name: LEVESQUE, CHRISTA M  
Address: 12956 LEXINGTON SUMMIT ST  
City-St-Zip: ORLANDO, FL 32828

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: CHRISTA M LEVESQUE

MGRM

04/24/2006

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