

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90078 025 ****50.00

DOCUMENT # L03000055039



1. Entity Name
SEMCO-2, L.L.C.

Principal Place of Business
28 WEST CENTRAL BLVD., SUITE 401
ORLANDO, FL 32801

Mailing Address
28 WEST CENTRAL BLVD., SUITE 401
ORLANDO, FL 32801

2. Principal Place of Business
114 HIGHLINE DRIVE

3. Mailing Address
PO BOX 520021

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
LONGWOOD, FLORIDA

City & State
LONGWOOD FL

04232004 Chg-LLC CR2E083 (10/03)

4. FEI Number
56-2430153

Applied For
Not Applicable

Zip
32750

Country

Zip
32752-0021

Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

WILLIAMS, WARREN E
28 WEST CENTRAL BLVD., SUITE 401
ORLANDO, FL 32801

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 May 1, 2004**

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

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete
NAME SCHWARTZ, RONALD N
STREET ADDRESS 3348 EDGEWATER DRIVE
CITY-ST-ZIP ORLANDO, FL 32804

TITLE MGR ☐ Delete
NAME BANTA, SCOTT
STREET ADDRESS 114 HIGHLINE DRIVE
CITY-ST-ZIP LONGWOOD, FL 32650

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

SCOTT BANTA MGR 4/23/04 407-260-1953

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

Date

Signature Printing #