

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000002545

Entity Name: SEMINOLE/IRISH, LLC

FILED
Apr 05, 2007
Secretary of State

Current Principal Place of Business:

6941 TALLOW TREE ROAD
SANFORD, FL 32771

New Principal Place of Business:

600 CHOCTAW STREET
LAKE MARY, FL 32746

Current Mailing Address:

6941 TALLOW TREE ROAD
SANFORD, FL 32771

New Mailing Address:

600 CHOCTAW STREET
LAKE MARY, FL 32746

FEI Number: 20-0641287

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BULLOCK, DONALD C
6941 TALLOW TREE ROAD
SANFORD, FL 32771 US

Name and Address of New Registered Agent:

BULLOCK, DONALD C
600 CHOCTAW STREET
LAKE MARY, FL 32746 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:

04/05/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: BULLOCK, SHARON K MGR
Address: 6941 TALLOW TREE
City-St-Zip: SANFORD, FL 32771

Title: MGR () Delete
Name: BULLOCK, DONALD C MGR
Address: 6941 TALLOW TREE ROAD
City-St-Zip: SANFORD, FL 32771

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: BULLOCK, SHARON K MGR
Address: 600 CHOCTAW STREET
City-St-Zip: LAKE MARY, FL 32746

Title: MGR (X) Change () Addition
Name: BULLOCK, DONALD C MGR
Address: 600 CHOCTAW STREET
City-St-Zip: LAKE MARY, FL 32746

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: DONALD C BULLOCK

MGR

04/05/2007

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