


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 OCT 24 AM 9:51

|   |                                      |                     |   |  |  |
|---|--------------------------------------|---------------------|---|--|--|
| <b>DOCUMENT # L04000003634</b><br>1. Entity Name<br>SEAN PROPERTIES, LLC  |                                      |                     |   |                         |  |
| Principal Place of Business<br>7807 GLEN CREST WAY<br>ORLANDO, FL 32836   |                                      |                     | Mailing Address<br>7807 GLEN CREST WAY<br>ORLANDO, FL 32836   |  |  |
| 2. Principal Place of Business  |                                      | 3. Mailing Address  |   |  |  |
| Suite, Apt. #, etc.   |                                      | Suite, Apt. #, etc. |   |  |  |
| City & State  |                                      | City & State        |   | 4. FEI Number <input type="checkbox"/> Applied For<br><input checked="" type="checkbox"/> Not Applicable |  |
| Zip   | Country                              | Zip                 | Country   | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required                 |  |
| 6. Name and Address of Current Registered Agent   |                                      |                     | 7. Name and Address of New Registered Agent   |  |  |
| COHEN, DAVID S<br>5728 MAJOR BLVD.<br>SUITE 550<br>ORLANDO, FL 32819  |                                      |                     | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;">FL</span> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____   |                                      |                     |   |  |  |
| <b>Filing Fee is \$50.00<br/>Due by September 7, 2005</b>   |                                      |                     | <b>Make check payable to<br/>Florida Department of State</b>  |  |  |
| 9. MANAGING MEMBERS/MANAGERS  |                                      |                     | 10. ADDITIONS/CHANGES   |  |  |
| TITLE   | MGRM <input type="checkbox"/> Delete |                     | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| NAME  | ALI, KARIM                           |                     | NAME  | 200060899302   |  |
| STREET ADDRESS  | 7807 GLEN CREST WAY                  |                     | STREET ADDRESS  | 10/24/05--01062--006 **150.00  |  |
| CITY-ST-ZIP   | ORLANDO, FL 32836                    |                     | CITY-ST-ZIP   |  |  |
| TITLE   | <input type="checkbox"/> Delete      |                     | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| NAME  |                                      |                     | NAME  |  |  |
| STREET ADDRESS  |                                      |                     | STREET ADDRESS  |  |  |
| CITY-ST-ZIP   |                                      |                     | CITY-ST-ZIP   |  |  |
| TITLE   | <input type="checkbox"/> Delete      |                     | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| NAME  |                                      |                     | NAME  | <b>REINSTATEMENT</b> <u>2005</u>   |  |
| STREET ADDRESS  |                                      |                     | STREET ADDRESS  |  |  |
| CITY-ST-ZIP   |                                      |                     | CITY-ST-ZIP   |  |  |
| TITLE   | <input type="checkbox"/> Delete      |                     | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| NAME  |                                      |                     | NAME  |  |  |
| STREET ADDRESS  |                                      |                     | STREET ADDRESS  |  |  |
| CITY-ST-ZIP   |                                      |                     | CITY-ST-ZIP   |  |  |
| TITLE   | <input type="checkbox"/> Delete      |                     | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| NAME  |                                      |                     | NAME  |  |  |
| STREET ADDRESS  |                                      |                     | STREET ADDRESS  |  |  |
| CITY-ST-ZIP   |                                      |                     | 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: _____  |                                      |                     | Date: 9.01.05   |  |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   |                                      |                     | Daytime Phone # 407-466 2041  |  |  |