# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Apr 10, 2008 08:00 A**
**Secretary of State**

DOCUMENT # L04000004361

1. Entity Name
SEMINOLE LANDING, L.L.C.

| Principal Place of Business | Mailing Address |
|---|---|
| 2215 SOUTH THIRD ST, STE 101<br>JACKSONVILLE BEACH, FL 32250 | 2215 SOUTH THIRD ST, STE 101<br>JACKSONVILLE BEACH, FL 32250 |

04032008No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
56-2433383
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

AHERN, FRED L JR
2215 SOUTH THIRD ST, STE 101
JACKSONVILLE BEACH, FL 32250

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS $138.75**
**After May 1, 2008 Fee will be $538.75**

U00000890467
04/22/08-80096-014 138.75

9. MANAGING MEMBERS/MANAGERS

| | |
|---|---|
| TITLE | PT |
| NAME | AHERN, FRED L JR |
| STREET ADDRESS | 2215 SOUTH THIRD ST, STE 101 |
| CITY-ST-ZIP | JACKSONVILLE BEACH, FL 32250 |
| TITLE | VP |
| NAME | ECKSTEIN, JOSEPH P |
| STREET ADDRESS | 2215 SOUTH THIRD ST, STE 101 |
| CITY-ST-ZIP | JACKSONVILLE BEACH, FL 32250 |
| TITLE | VP |
| NAME | SLEIMAN, ELI T JR |
| STREET ADDRESS | 2215 SOUTH THIRD ST, STE 101 |
| CITY-ST-ZIP | JACKSONVILLE BEACH, FL 32250 |
| TITLE | S |
| NAME | WALCHLE, BART A |
| STREET ADDRESS | 2215 SOUTH THIRD ST, STE 101 |
| CITY-ST-ZIP | JACKSONVILLE BEACH, FL 32250 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

DO NOT WRITE IN THIS SPACE

11. I 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:** _____ 4/7/08 904-246-9994
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #