2007 LIMITED LIABILITY COMPANY

FILED Jan 16, 2007 08:00 AN Secretary of State ANNUAL REPORT DOCUMENT # L04000012498 1. Entity Name SEMINOLE SHORES, LLC Mailing Address Principal Place of Business **2911 W 39TH STREET 2911 W 39TH STREET** SUITE 300 SUITE 300 ORLANDO, FL 32839 ORLANDO, FL 32839 IIS 01092007 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number NOT APPLICABLE Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CANTY, WILLIAM A SR. DO NOT WRITE **2911 W 39TH STREET** SUITE 300 IN THIS SPACE ORLANDO, FL 32839 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, typed or printed name of registered agent and tale if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2007 MANAGING MEMBERS/MANAGERS ō. MGR 331F CANTY, WILLIAM A SR. NAME STREET ADDRESS 2911 W 39TH STREET, STE 300 CITY-ST-ZIP ORLANDO, FL 32839 000000586242 01/16/07-80045-008 50.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE MANE STREET ADDRESS

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 ilmited flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

> OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE SIGNATURE AND TYPED OR