


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 22, 2005 8:00 am
Secretary of State

02-28-2005 90050 050 ****50.00

DOCUMENT # L04000022560
 1. Entity Name
SEMINOLE BEACH PROPERTIES, LLC



Principal Place of Business Mailing Address
9801 MAKO COURT **9801 MAKO COURT**
TAMPA FL 33615 **TAMPA FL 33615**

30002318



1st MOORE CR2E083 (10/04)

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number
16-1695566 Applied For
 Not Applicable
 5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent
DORMAN, TED
9801 MAKO COURT
TAMPA FL 33615

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE: MGR <input type="checkbox"/> Delete NAME: DORMAN, TED STREET ADDRESS: 6801 MAKO COURT CITY-ST-ZIP: TAMPA FL 33615		TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:	
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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: *Ted Dorman* **Ted Dorman** 2/14/05 **813 8553 US**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #