


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 29, 2006 08:00 AM
Secretary of State

| | |
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| DOCUMENT # L04000033755 1. Entity Name SEMINOLE PROPERTIES LLC |  |
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| Principal Place of Business P.O. BOX 916574 LONGWOOD, FL 32791 | Mailing Address P.O. BOX 916574 LONGWOOD, FL 32791 |
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01162006 No Chg-LLC

CR2E083 (11/05)

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| 4. FEI Number 03-0541781 | Applied For Not Applicable |
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|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent BETHEL, PAT 409 MONTGOMERY ROAD, SUITE 105 ALTAMONTE SPRINGS, FL 32714 |
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IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$50.00
Due by May 1, 2006**

U000000483165
04/11/06-80106-004 \$5.00

| 9. MANAGING MEMBERS/MANAGERS | |
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| TITLE NAME STREET ADDRESS CITY- ST- ZIP | MGRM BETHEL, PAT P.O. BOX 916574 LONGWOOD, FL 32791 |
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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: Pat Bethel, Pres. 2-9-06 407-331-5800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #