2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000014403

1. Entity Name
SEMINOLE OUTBACK, LLC

Principal Place of Business	Mailing Address
4851 COASTAL HWY. 98 CRAWFORDVILLE, FL 32327	4851 COASTAL HWY. 98 CRAWFORDVILLE, FL 32327

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
3 BLUE CRAB LN	3 BLUE CRAB LN
Suite, Apt. #, etc.	Suite, Apt. #, etc.

04132007   Chg-LLC   CR2E083 (12/06)

City & State	City & State	4. FEI Number	Applied For
PANACEA, FLA	PANACEA FLA	16-1716431	Not Applicable

Zip	Country	Zip	Country	5. Certificate of Status Desired ☐	$5.00 Additional Fee Required
32346	WAKULLA	32346	WAKULLA		

6. Name and Address of Current Registered Agent

TAFF, CLAYTON P JR.
4851 COASTAL HWY. 98
CRAWFORDVILLE, FL 32327

7. Name and Address of New Registered Agent

Name TIMOTHY A. BAROODY
Street Address (P.O. Box Number is Not Acceptable)
3 BLUE CRAB LN
City PANACEA   FL   Zip Code 32346

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 _____ T.A.BAROODY _____ 4-13-07

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

Filing Fee is $50.00
Due by May 1, 2007

Make check payable to
Florida Department of State

9.	MANAGING MEMBERS / MANAGERS			10.		ADDITIONS / CHANGES		
TITLE	MGRM		☐ Delete	TITLE			☐ Change	☐ Addition
NAME	BAROODY, TIMOTHY A			NAME				
STREET ADDRESS	3 BLUE CRAB LANE			STREET ADDRESS				
CITY-ST-ZIP	PANACEA, FL 32346			CITY-ST-ZIP				
TITLE	MGRM		☐ Delete	TITLE			☐ Change	☐ Addition
NAME	PETRANDIS, ANGELO			NAME				
STREET ADDRESS	22 MASHES SANDS RD.			STREET ADDRESS				
CITY-ST-ZIP	PANACEA, FL 32346			CITY-ST-ZIP				
TITLE	MGRM		☒ Delete	TITLE			☐ Change	☐ Addition
NAME	TAFF, CLAYTON A JR.			NAME				
STREET ADDRESS	4851 COASTAL HWY. 98			STREET ADDRESS				
CITY-ST-ZIP	CRAWFORDVILLE, FL 32327			CITY-ST-ZIP				
TITLE			☐ Delete	TITLE			☐ Change	☐ Addition
NAME				NAME				
STREET ADDRESS				STREET ADDRESS				
CITY-ST-ZIP				CITY-ST-ZIP				
TITLE			☐ Delete	TITLE			☐ Change	☐ Addition
NAME				NAME				
STREET ADDRESS				STREET ADDRESS				
CITY-ST-ZIP				CITY-ST-ZIP				
TITLE			☐ Delete	TITLE			☐ Change	☐ 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 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: _____ TIMOTHY BAROODY   4-13-07   850-9840038

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #