

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90047 040 ****55.00

DOCUMENT # L05000014522

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



Principal Place of Business
~~1415 TIMBERLAND ROAD~~
~~TALLAHASSEE, FL 32312~~

Mailing Address
~~1415 TIMBERLAND ROAD~~
~~TALLAHASSEE, FL 32312~~

2. Principal Place of Business
1813 LAKESHORE DRIVE N.

3. Mailing Address
1813 LAKESHORE DRIVE N.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02212006 Chg-LLC CR2E083 (11/05)



City & State
ORANGE PARK, FL 32003

City & State
ORANGE PARK, FL 32003

4. FEI Number
11-3758508

Applied For
Not Applicable

Zip
32003

Country
USA

Zip
32003

Country
USA

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BLEDSON, JIM E
1415 TIMBERLAND ROAD
TALLAHASSEE, FL 32312

Name
JOHN L. CASHION

Street Address (P.O. Box Number is Not Acceptable)

1813 LAKESHORE DRIVE NORTH

City ORANGE PARK, FL FL Zip Code 32003

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/21/06

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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME BLEDSON, JIM E ☒ Delete
STREET ADDRESS 1415 TIMBERLAND ROAD
CITY-ST-ZIP TALLAHASSEE, FL 32312

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE MGR
NAME CASHION, JOHN L. ☐ Change ☒ Addition
STREET ADDRESS 1813 LAKESHORE DRIVE NORTH
CITY-ST-ZIP ORANGE PARK, FLORIDA 32003

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Manager 2/21/06 904/278 6959