2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000044446

1. Entity Name
SEMORAN COMMERCENTER, LLC

Principal Place of Business	Mailing Address
2200 LUCIEN WAY SUITE 350 MAITLAND, FL 32751	2200 LUCIEN WAY SUITE 350 MAITLAND, FL 32751

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

02162007   Chg-LLC   CR2E083 (12/06)

4. FEI Number
41-2175060

Applied For
Not Applicable

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
BUILDER, J. LINDSAY JR, ESQ 369 N. NEW YORK AVE. 3RD FLOOR WINTER PARK, FL 32789	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 _____
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	MGR	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	REALVEST DEVELOPMENT, LLC		NAME	U000000709097
STREET ADDRESS	2200 LUCIEN WAY, SUITE 350		STREET ADDRESS	04/24/07-80132-020 50.00
CITY-ST-ZIP	MAITLAND, FL 32751		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
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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: _____ 4/11/07 407-875-9989
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #