## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## **FILED** Mar 16, 2006 8:00 am Secretary of State

DOCUMENT # L0500005  1. Entity Name SEMIMAT, L.L.C.	0985		02-21-2006 90178 012 ****50.00
Principal Place of Business 21055 YACHT CLUB DRIVE, UNIT #609 AVENTURA, FL* 33180	Mailing Address 21055 YACHT CLUB DE AVENTURA, FL 33180	RIVE, UNIT #609	ACCAUU96
2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	<del></del>	02112006 Chg-LLC CR2E083 (11/05)
City & State	City & State		4. FEI Number 2890265   Applied For   Not Applicab
Zip Country	Zip	Country	Centificate of Status Desired     S. OD Additional Fee Required
6. Name and Address of Curre	nt Registered Agent	<u> </u>	7. Name and Address of New Registered Agent
		Name SE	BASTIAN MALAMUTE.
SERBER, DANIEL: J ESQ TURNBERRY PLAZA, SUITE 801		Street Addre	ress (P.O. Box Number is Not Acceptable)
2875 N.E. 191ST STREET AVENTURA, FL 33180		2105	SS VACHT CLUB DA # 609.
		City $\Delta$ ()	JEN-TUBA FL Zip Code 3380
the obligations of registered agent			gistered agent, or both, in the State of Florida. I am familiar with, and accept
Signature; yet have presided name typegistered age	ni and title if applicable (NOTE	E: Registered Agent signature re	required when reinstating) DATE
Filing Fee is \$50.00 Due by May 1, 2006	H35 104 .2	·	Make check payable to Florida Department of State
9. MANAGING MEM	BERS/MANAGERS	10.	ADDITIONS/CHANGES
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Dekote	NAME STREET ADDRESS	169   Change   Addition   Change   Addition   MALAMUTE   CHOSS YACHT (WB DR #1609.
TITLE HAME STREET ADDRESS CITY-ST-ZIP	C) Delete	TITLE HAME STREET ADDRESS CITY-ST-ZIP	VENTURA FL 33180- Change Addition
MAME STREET ADDRESS CITY-ST-ZIP	. Delete		Change Addition
DILE NAME STREET ADDRESS CITY-SI-ZIP	🗀 Dekte	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addillo
TITLE NAME STREET ADDRESS CITY-ST-ZUP	☐ Delete	TITLE NAME SIREET ADDRESS CITY-ST-ZP	☐ Change ☐ Additio
TITLE NAME STREET ADDRESS CITY-SI-ZIP	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZP	☐ Change ☐ Addilio
I hereby cortify that the information supplied windicated on this report is true and accurate dimited liability company or the receiver or the supplied to the receiver or the receiver o	ith this filing does not quality for d that my signature shall have the empowered to execute this	the exemptions contain the same legal effect as report as required by C	sined in Chapter 119, Florida Statutes, I further certify that the information as if made under eath; that I am a managing member or manager of the Chapter 608, Florida Statutes.



## FLORIDA DEPARTMENT OF STATE Division of Corporations

February 22, 2006

SEMIMAT, L.L.C. 21055 YACHT CLUB DRIVE, UNIT #609 AVENTURA, FL 33180

Subject: SEMIMAT, L.L.C.

Reference Number:

L05000050985

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

List the complete title, name, street address, city, state and zip code of each manager, managing member or principal of the limited liability company.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/RM ANNUAL REPORTS SECTION