


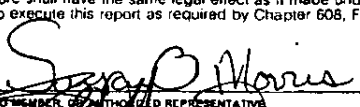


FILED
May 23, 2007 8:00 am
Secretary of State

05-23-2007 90215 025 ****50.00

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L05000062087		
1. Entity Name THE SEMOR COMPANY, LLC		
Principal Place of Business 8183 EAST CO. HWY 30-A OLDE SEACREST BEACH, FL 32413		Mailing Address P.O. BOX 611527 ROSEMARY BEACH, FL 32461
DO NOT WRITE IN THIS SPACE		
		40118143 
		04092007 No Chg-LLC CR2E083 (11/05)
4. FEI Number 20-3045406		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent		
PORATH, SHANNON L 56 SPIRES LANE SUITE 16A SANTA ROSA BEACH, FL 32459		DO NOT WRITE 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 reappointing) DATE _____		
Filing Fee is \$50.00 Due by May 1, 2007		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ORR, SUSAN E P.O. BOX 611527 ROSEMARY BEACH, FL 32461	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MORRIS, FLYNN D III P. O. BOX 611527 ROSEMARY BEACH, FL 32461	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME 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:   4-16-07 850-231-6358		

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

Date

Daytime Phone #