


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 09, 2006 8:00 am
Secretary of State


01-09-2006 90051 037 ****50.00

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| DOCUMENT # L05000072879 |  |
| 1. Entity Name SEMINOLA TOWNHOMES, L.L.C. | |

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| Principal Place of Business 480 ALLISON AVENUE LONGWOOD, FL 32750 | Mailing Address 480 ALLISON AVENUE LONGWOOD, FL 32750 |
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| 2. Principal Place of Business <i>SAME AS ABOVE</i> | 3. Mailing Address <i>SAME AS ABOVE</i> |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

| | |
|--------------|--------------|
| City & State | City & State |
| Zip | Country |
| Zip | Country |

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|  | |
| 01042006 Chg-LLC | CR2E083 (11/05) |
| 4. FEI Number <i>20-3292816</i> | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | |

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| 8. Name and Address of Current Registered Agent DINKINS, ANDREA B 480 ALLISON AVENUE LONGWOOD, FL 32750 | |
| 7. Name and Address of New Registered Agent | |
| Name | |
| Street Address (P.O. Box Number is Not Acceptable) | |
| City | |
| FL Zip Code | |

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| 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 | DATE |
| (NOTE: Registered Agent signature required when reinstating) | |

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| Filing Fee is \$50.00 Due by May 1, 2006 | Make check payable to Florida Department of State |
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| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|--|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR DINKINS, MIKELL R 480 ALLISON AVENUE LONGWOOD, FL 32750 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR DINKINS, ANDREA B 480 ALLISON AVENUE LONGWOOD, FL 32750 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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 606, Florida Statutes. | |
| SIGNATURE: <i>Andrea B Dinkins</i> | <i>11/4/06</i> <i>407/834-6852</i> |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | Date Daytime Phone # |