


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 07, 2008 08:00 A
Secretary of State

DOCUMENT # L05000072879

1. Entity Name
SEMINOLA TOWNHOMES, L.L.C.



Principal Place of Business 480 ALLISON AVENUE LONGWOOD, FL 32750	Mailing Address 480 ALLISON AVENUE LONGWOOD, FL 32750
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DO NOT WRITE IN THIS SPACE



01042008No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-3292816	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

**DINKINS, ANDREA B
 480 ALLISON AVENUE
 LONGWOOD, FL 32750**

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

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DINKINS, MIKELL R 480 ALLISON AVENUE LONGWOOD, FL 32750
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DINKINS, ANDREA B 480 ALLISON AVENUE LONGWOOD, FL 32750
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 01/07/08-80018-021 138.75

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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 608, Florida Statutes.

SIGNATURE: *Andrea B Dinkins* 1/4/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #