2007 LIMITED LIABILITY COMPANY

Apr 30, 2007 8:00 am Secretary of State ANNUAL REPORT **DOCUMENT # L05000079761** 1. Entity Name SEMINOLA BOULEVARD II, LLC 04-30-2007 90064 032 ****50.00 Principal Place of Business Mailing Address 1201 HELEN ST. P.O. BOX 180355 CASSELBERRY, FL 32708 CASSELBERRY, FL 32718 us US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite. Apt. #. etc. 04242007 CR2E083 (12/06) Chq-LLC City & State City & State 4. FEI Number Applied For **NOT APPLICABLE** Not Applicable Zip Zin Country Country \$5.00 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KENNEDY, LOAN B Street Address (P.O. Box Number is Not Acceptable) 100 TECHNOLOGY PARK **SUITE 170** LAKE MARY, FL 32746 City 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 SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES MGRM TITLE TITI F MGR Change Delete ☐ Addition Casselberry, Leonard 1201 Helen Street CASSELBERRY, LEONARD NAME 1201 HELEN ST. STREET ADDRESS STREET ADDRESS CFTY-ST-ZIP CASSELBERRY, FL 32708 CITY-ST-ZIP 32708 Delete TITLE ☐ Change ■ Addition TITLE NAME MARKE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TMF ☐ 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-7/P CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Chance ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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.

FILED

407695011

4-27-2007

MANAGER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE: