



2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 19, 2007 08:00 A
Secretary of State

DOCUMENT # L05000099697 1. Entity Name SEMANIK PROPERTIES, LLC	
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Principal Place of Business 2120 CORPORATE SQUARE BLVD. SUITE #3 JACKSONVILLE, FL 32216	Mailing Address 2120 CORPORATE SQUARE BLVD. SUITE #3 JACKSONVILLE, FL 32216
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DO NOT WRITE IN THIS SPACE


03142007 No Chg-LLC CR2E083 (11/05)
4. FEI Number
20-3690467
5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**
Applied For
Not Applicable

6. Name and Address of Current Registered Agent
**SEMANIK, JOHN A
2120 CORPORATE SQUARE BLVD.
SUITE #3
JACKSONVILLE, FL 32216**

**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 reconstituting) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SEMANIK, JOHN A 2120 CORPORATE SQ BLVD, SUITE 3 JACKSONVILLE, FL 32216
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SEMANIK EDUCATIONAL TRUST 2120 CORPORATE SQ BLVD, SUITE 3 JACKSONVILLE, FL 32216
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
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03/28/07-80064-020 150.00

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: Katherine Carpenter, TEE 3-14-07 (904) 724-7800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #