

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 10, 2007 8:00 am
Secretary of State


05-17-2007 90175 036 ****50.00

08-10-2007 90015 038 ****50.00

60054461



07122007 Chg-LLC CR2E083 (12/06)

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|--|---|--|---|--|--|
| DOCUMENT # L05000111368 | | | |  | |
| 1. Entity Name SEELEY ST. PETERSBURG 1, LLC | | | | | |
| Principal Place of Business C/O MICHAEL C. FOLEY 625 COURT STREET, SUITE 200 CLEARWATER, FL 33756 | | | Mailing Address C/O MICHAEL C. FOLEY 625 COURT STREET, SUITE 200 CLEARWATER, FL 33756 | | |
| 2. Principal Place of Business - No P.O. Box # 11759 Ashley Court | | | 3. Mailing Address 11759 Ashley Court | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | |
| City & State Seminole, FL | | City & State Seminole, FL | | 4. FEI Number 20-8251719 | |
| Zip 33772 | | Country USA | | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent HARRIS, MARSHALL S. 3005 STATE ROAD 590, SUITE 200 CLEARWATER, FL 33759-2539 | | | 7. Name and Address of New Registered Agent Name Donald Seeley Street Address (P.O. Box Number is Not Acceptable) 11759 Ashley Court City Seminole FL Zip Code 33772 | | |
| 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: <i>Donald M. Seeley</i> <i>Donna M. Seeley</i> DATE: <i>8-7-2007</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| Filing Fee is \$50.00 Due by September 14, 2007 | | | Make check payable to Florida Department of State | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM SEELEY, DONALD 625 COURT STREET, SUITE 200 CLEARWATER, FL 33756 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM Seeley, Donald 11759 Ashley Court Seminole, FL 33772 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM SEELEY, DONNA 625 COURT STREET, SUITE 200 CLEARWATER, FL 33756 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM Seeley, Donna 11759 Ashley Court Seminole, FL 33772 <input checked="" 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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| 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 | | |
| 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: <i>Donna M. Seeley</i> <i>8-7-2007</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small> | | | | | |