2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L05000111370

1. Entity Name
SEELEY ST. PETERSBURG 2, LLC

Principal Place of Business	Mailing Address
C/O MICHAEL C. FOLEY 625 COURT STREET, SUITE 200 CLEARWATER, FL 33756	C/O MICHAEL C. FOLEY 625 COURT STREET, SUITE 200 CLEARWATER, FL 33756

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
11759 Ashley Court	11759 Ashley Court
Suite, Apt. #, etc.	Suite, Apt. #, etc.

07122007   Chg-LLC   CR2E083 (12/06)

City & State	City & State	4. FEI Number	Applied For
Seminole, FL	Seminole, FL	20-8251467	Not Applicable

Zip	Country	Zip	Country	5. Certificate of Status Desired ☐	**$5.00** Additional Fee Required
33772	USA	33772	USA		

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HARRIS, MARSHALL S 3005 STATE ROAD 590, SUITE 200 CLEARWATER, FL 33759-2539	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 _Donna M Seeley_

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE 8-7-2007

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 MGRM NAME SEELEY, DONALD STREET ADDRESS 625 COURT STREET, SUITE 200 CITY-ST-ZIP CLEARWATER, FL 33756 ☐ Delete	TITLE MGRM NAME Seeley, Donald STREET ADDRESS 11759 Ashley Court CITY-ST-ZIP Seminole, FL 33772 ☒ Change ☐ Addition
TITLE MGRM NAME SEELEY, DONNA STREET ADDRESS 625 COURT STREET, SUITE 200 CITY-ST-ZIP CLEARWATER, FL 33756 ☐ Delete	TITLE MGRM NAME Seeley, Donna STREET ADDRESS 11759 Ashley Court CITY-ST-ZIP Seminole, FL 33772 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ 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: _Donna M Seeley_   8-7-2007

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