


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 29, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L05000115370</b> 1. Entity Name <b>SEAL REALTY SOUTH TAMPA LLC</b>		
Principal Place of Business <b>14611 MIDDLEFIELD LANE ODESSA, FL 33556</b>	Mailing Address <b>14611 MIDDLEFIELD LANE ODESSA, FL 33556</b>	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  <b>TATE, MARK T 212 S. MAGNOLIA AVE. TAMPA, FL 33606</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature: Typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when renewing)</small> DATE _____		
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>000000609496 02/01/07-80051-020 50.00</b>
<b>9. MANAGING MEMBERS/MANAGERS</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P SEAL, THERESE C 14611 MIDDLEFIELD LN ODESSA, FL 33556</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VP BEATTY, MICHA T 16106 NIKKI LN ODESSA, FL 33556</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DO NOT WRITE IN THIS SPACE</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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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.  <b>SIGNATURE: <u>Micha T Beatty</u> VP</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small> <b>1/6/07</b> <b>813-229-7941</b> <small>Date Daytime Phone #</small>		



01062007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number <b>20-4234806</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	