


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 29, 2008 8:00 am
Secretary of State

02-29-2008 90099 036 ***138.75

DOCUMENT # L05000115370	
1. Entity Name SEAL REALTY SOUTH TAMPA LLC	

Principal Place of Business 14611 MIDDLEFIELD LANE ODESSA, FL 33556	Mailing Address 14611 MIDDLEFIELD LANE ODESSA, FL 33556
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60011544



2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

02212008 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-4234806	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent TATE, MARK T 212 S. MAGNOLIA AVE. TAMPA, FL 33606		7. Name and Address of New Registered Agent Name: <u>Therese C Seal</u> Street Address (P.O. Box Number is Not Acceptable): <u>14611 Middlefield Lane</u> City: <u>Odessa</u> FL Zip Code: <u>33556</u>	
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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: <u>[Signature]</u>	DATE: <u>2-26-08</u>

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE: P NAME: SEAL, THERESE C STREET ADDRESS: 14611 MIDDLEFIELD LN CITY-ST-ZIP: ODESSA, FL 33556	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: 12705 Winners Circle Springhill, FL 34610	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VP NAME: BEATTY, MICHA T STREET ADDRESS: 16106 NIKKI LN CITY-ST-ZIP: ODESSA, FL 33556	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: 12705 Winners Circle Springhill, FL 34610	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: <input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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.	
SIGNATURE: <u>[Signature]</u>	DATE: <u>2-26-08</u> DAYTIME PHONE # <u>813 229-7946</u>