2007 LIMITED LIABILITY COMPANY

ANNUAL REPORT DOCUMENT # L06000035744

Entity Name
 S. SEMORAN HOLDINGS, LLC



Principal Place of Business

Mailing Address

% WEBSTER, CHAIRES & PARTNERS, P.L.

% WEBSTER, CHAIRES & PARTNERS, P.L.

FILED Apr 06, 2007 8:00 am Secretary of State

04-06-2007 90289 001 ***600.00

30004277

WINTER PARK, FL 32789 450 N. WYMORE ROAD WINTER PARK, FL 32789							N ESHE BIHN FAM TEM ER	IKI BITIBU JIJIK BIJ		
		ess - No P.O. Box # Partners, P.L.	3. Mailing Address c/o Webster & Partners, P.L.							
Suite, Apt. #, e	etc.		Suite, Apt. #, etc.			01032007	Chg-LLC	CR2E0	83 (12/06)	
City & State			City & State		4. FEI Numb	540158		_ `	oplied For	
Zip		Country	Zip Count		try	5. Certificate of Status Desired 55.00 Addition Fee Required		litional		
	6. Name a	and Address of Current F	egistered Agent			7. Name and Address of New Registered Agent				
					Name					
W & P SERVI 450 N. WYMO WINTER PAR	AD				Street Address (P.O. Box Number is Not Acceptable)					
WHAT ELVI M	111, 1 = 0	2.03			11.5					
				City			FL	Zip Cod	е	
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
Filing Fee is \$50.00 Due by May 1, 2007						Make check payable to Florida Department of State				
9.		MANAGING MEMBER	RS/MANAGERS	10.			ADDITIONS	/CHANGES		
NAME SI	IGR HIH, GRA		☐ Defete	TITLE NAME	E				Change	☐ Addition
1		MORE ROAD ARK, FL 32789			ET ADDRESS - ST - ZIP					_
	ST	ACE I	☐ Delete	TITLE	ſ				☐ Change	☐ Addition
L	HIH, GRA 50 N WY	MORE ROAD		ET ADORESS	j					
		ARK, FL 32789			-ST-ZIP					
TITLE VI	•		☐ Delete	TITLE					Change	Addition
	HACH, PA			NAME						
		MORE ROAD ARK, FL 32789			ET ADDRESS - ST-ZIP					
TITLE			□ Defete	TITLE	:				☐ Change	☐ Addition
NAME				NAM						
STREET ADDRESS CITY-ST-ZIP					ET ADDRESS - ST-ZIP					
TITLE			☐ Defete	TITLE					Change	☐ Addition
NAME				NAME	I					
STREET ADDRESS City-St-Zip					et adoress - St-Zip					
TITLE			☐ Delete	TITLE					☐ Change	☐ Addition
NAME				NAME	ı				-	,
STREET ADORESS					ET ADORESS					
CITY-ST-ZIP	ify that the	information supplied with	this filing does not qualify for		-ST-ZIP	d in Chapter 119	Florida Statutes 1 f	urther certify	that the info	rmation

Interest certify that the information supplied with this litting does not quality 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 oalt; 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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Davtime Phone #