2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) – DUE BY MAY 1, 2008

DOCUMENT # L06000047209 1. Ereity Name SENECA INVESTMENTS, LLC						08	FILED AUG-6 PM I				
Principal Place of Business 1 WEST SAMPLE ROAD, SUITE 101 POMPANO BEACH FL 33064				Mailing Address 1 WEST SAMPLE ROAD, SUITE 101 POMPANO BEACH FL 33064		SEC TALL	CRETARY OF ST AHASSEE, FLO	TATE DRIDA			
2. Principal Place of Business - No P.O. Box #			3. Mailing Address	3. Mailing Address					(1 6 14 - 6 11 - 1-11	131 (II 180-	
Suite, Apt. #, etc.			Suite, Apt. #, etc.	Suite, Apt. #, etc.			1st MOORE C	CR2E083 (1	0/07)		
City & State			City & State	City & State		4. FEI Num	20-4831293	20-4831293 Applied For Not Applicable			
Zip	Country		Zip	Zip Court		5. Certificate of Status Desired \$5.00 Add Fee Required		litional			
	6. Name	e and Address of Current	t Registered Agent	, , , , , , , , , , , , , , , , , , , ,		7. Name and Address of New Registered Agent Name					
1 W	D, MICH	MPLE ROAD, SUITE	E 101			Street Address (P.O. Box Number is Not Acceptable)					
POMPANO BEACH FL 33064						Dity Zip Code					
The shave	named entir	to autorate this etatement (for the europea of abanding it				in the State of Flor	FL state Leave form	Zip Code		
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 somed name of registered soon and the Leophisole (NOTE Registered Agent signature required when rensmiting) DATE											
FILE NOW!!! FEE IS \$13 After May 1, 2008, Fee Will Be Make Check Payable to Florida Depa											
9.	1_	MANAGING MEMB		10.			ADDITIONS/0				
NAME	1	CHAEL J T SAMPLE RD. #101 D BEACH FL 33064	☐ Delete			08/1	00134 35 2/0801006] Change 7 143.7	☐ Addition	
DTLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete] Change	Addition	
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TITLE HAME STREET ADDRESS CITY-ST-ZIP			☐ Delete						Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delate						Change	Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: SIGNATURE AND TYPED OR PRINTED WANN OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Care C											