

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 22, 2003 8:00 am**  
**Secretary of State**

04-22-2003 90179 002 \*\*\*\*\*50.00

**DOCUMENT # L99000007249**

1. Entity Name

**SEMINOLE INVESTMENT GROUP L.L.C.**



Principal Place of Business

**961 PALM SPRINGS ROAD  
LONGWOOD FL 32779**

Mailing Address

**961 PALM SPRINGS ROAD  
LONGWOOD FL 32779**

**30030743**

2. Principal Place of Business

**961 Lake Front Lane**

3. Mailing Address

**961 Lake Front Lane**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

**Longwood, FL**

City & State

**Longwood, FL**

4. FEI Number **59-3606315**

Applied For

Not Applicable

Zip

**32779**

Country

**US**

Zip

**32779**

Country

**US**

5. Certificate of Status Desired ☐

**\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TOWERS, MICHAEL  
961 PALM SPRINGS RD.  
LONGWOOD FL 32779**

Name

Street Address (P.O. Box Number is Not Acceptable)

**961 Lake Front Lane**

City

**Longwood**

FL

Zip Code

**32779**

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

*Michael Towers*

**4/16/03**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Florida Department of State  
Due By May 1, 2003**

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE **MGR** ☐ Delete  
NAME **TOWERS, KIMBERLY**  
STREET ADDRESS **961 PALM SPRINGS ROAD**  
CITY-ST-ZIP **LONGWOOD FL 32779**

TITLE ☒ Change ☐ Addition  
NAME **961 Lake Front Lane**  
STREET ADDRESS **Longwood, FL 32779**  
CITY-ST-ZIP

TITLE **MGR** ☐ Delete  
NAME **TOWERS, MICHAEL**  
STREET ADDRESS **961 PALM SPRINGS ROAD**  
CITY-ST-ZIP **LONGWOOD FL 32779**

TITLE ☒ Change ☐ Addition  
NAME **961 Lake Front Lane**  
STREET ADDRESS **Longwood, FL 32779**  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

*Kimberly Towers*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**4/16/03**

**407-818-8680**

Date

Daytime Phone #

CR2E083 (11/02)