

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000003537

Entity Name: SENECA FMC8, LLC

FILED
Jan 16, 2005
Secretary of State

Current Principal Place of Business:

901 GOLDEN GATE BLVD.
MT. OLIVE ESTATES
POLK CITY, FL 33868

New Principal Place of Business:

Current Mailing Address:

901 GOLDEN GATE BLVD.
MT. OLIVE ESTATES
POLK CITY, FL 33868

New Mailing Address:

FEI Number: 02-0602912

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KRAMER, ROBERT
901 GOLDEN GATE BLVD.
MT. OLIVE ESTATES
POLK CITY, FL 33868 US

Name and Address of New Registered Agent:

KRAMER, ROBERT F
901 GOLDEN GATE BLVD.
MT. OLIVE ESTATES
POLK CITY, FL 33868 US

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.

SIGNATURE: ROBERT KRAMER

01/16/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: HART, ROBERT H
Address: 9403 KENWOOD ROAD, SUITE D-105
City-St-Zip: CINCINNATI, OH 45242

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR () Change (X) Addition
Name: KRAMER, ROBERT F
Address: 901 GOLDEN GATE BLVD.
City-St-Zip: POLK CITY, FL 33868

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: ROBERT HART

MGR

01/16/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date