


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 22, 2007 08:00 AM
Secretary of State

DOCUMENT # L01000019780 1. Entity Name SEIFERTMILLER, LLC			
Principal Place of Business 401 WEST COLONIAL DRIVE, SUITE 6 ORLANDO FL 32802		Mailing Address 401 WEST COLONIAL DRIVE, SUITE 6 ORLANDO FL 32802	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State Zip		City & State Zip	
Country		Country	
4. FEI Number 59-3755222		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SEIFERT, SCOTT P 401 WEST COLONIAL DRIVE, SUITE 6 ORLANDO FL 32802		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
FL		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 _____ (NOTE: Registered Agent signature required when re-registering) _____ DATE _____			
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE MGR <input type="checkbox"/> Delete NAME SEIFERT, SCOTT P STREET ADDRESS 401 WEST COLONIAL DRIVE, SUITE 6 CITY-ST-ZIP ORLANDO FL 32802	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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1st MOORE CR2E083 (10/06)

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03/02/07-80032-008-5000

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: _____ *[Handwritten Signature]* Date 2/14/07 Daytona Phone # 407 423-0008