

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000007364

FILED  
Feb 13, 2005  
Secretary of State

**Entity Name:** SEACREST ESTATE PROPERTIES, L.L.C.

**Current Principal Place of Business:**

946 TROPIC BLVD.  
DELRAY BEACH, FL 33483

**New Principal Place of Business:**

**Current Mailing Address:**

946 TROPIC BLVD.  
DELRAY BEACH, FL 33483

**New Mailing Address:**

**FEI Number:** 01-0645383

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BAUMAN, BRYAN W ESQ  
1200 BRICKELL AVE.  
SUITE 1720  
MIAMI, FL 33131 US

**Name and Address of New Registered Agent:**

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:**

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR ( ) Delete  
Name: RIPPS, LINDA J  
Address: 1730 SOUTH FEDERAL HIGHWAY #113  
City-St-Zip: DELRAY BEACH,, FL 33483

Title: MGR ( ) Delete  
Name: RIPPS, ANDREW S  
Address: 1730 SOUTH FEDERAL HIGHWAY #113  
City-St-Zip: DELRAY BEACH,, FL 33483

**ADDITIONS/CHANGES:**

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

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

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:** ANDREW S. RIPPS

MGR

02/13/2005

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