

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000007364

FILED
Jul 04, 2006
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 ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

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

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

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: MGR (X) Change () Addition
Name: RIPPS, LINDA J
Address: PO BOX 7105
City-St-Zip: DELRAY BEACH,, FL 33482

Title: MGR (X) Change () Addition
Name: RIPPS, ANDREW S
Address: PO BOX 7105
City-St-Zip: DELRAY BEACH,, FL 33482

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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 RIPPS

MGR

07/04/2006

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