2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000007364

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

FILED Aug 13, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business
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946 TROPIC BLVD. 377 E. COCCONUT PALM ROAD DELRAY BEACH, FL 33483 BOCA RATON, FL 33432

Current Mailing Address: New Mailing Address:

946 TROPIC BLVD. 377 E. COCCONUT PALM ROAD BOCA RATON, FL 33432 DELRAY BEACH, FL 33483

FEI Number: 01-0645383 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) 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:

RIPPS, ANDREW S RIPPS, ANDREW S 946 TROPIC BLVD 377 E. COCCONUT PALM ROAD **SUITE 1720** BOCA RATON, FL 33432 DELRAY BEACH, FL 33483 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: ANDREW S. RIPPS 08/13/2009

> Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

MGR () Delete Title: () Change () Addition

RIPPS, LINDA J Name: Name: Address: PO BOX 7105 Address: City-St-Zip: DELRAY BEACH,, FL 33482 City-St-Zip:

Title: MGR () Delete Title: () Change () Addition

RIPPS, ANDREW S Name: Name: Address: PO BOX 7105 Address: City-St-Zip: DELRAY BEACH,, FL 33482 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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 S. RIPPS 08/13/2009