

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000071235

FILED
May 02, 2007
Secretary of State

Entity Name: SEACOAST106 LLC

Current Principal Place of Business:

4155 SOUTH ATLANTIC AVE
106
NEW SMYRNA BEACH, FL 32169

New Principal Place of Business:

Current Mailing Address:

214 WAYMOUTH HARBOR COVE
LONGWOOD, FL 32779

New Mailing Address:

FEI Number: 20-3174321 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:

NEWELL, JAY
214 WAYMOUTH HARBOR COVE
LONGWOOD, FL 32779 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/MANAGERS:

Title: MGR () Delete
Name: NEWELL, ROBIN
Address: 214 WAYMOUTH HARBOR COVE
City-St-Zip: LONGWOOD, FL 32779

Title: MGR () Delete
Name: MORRISON, KATHLEEN
Address: 200 SHADOW BAY BLVD
City-St-Zip: LONGWOOD, FL 32779

Title: MGR () Delete
Name: DEWAR, ROBERTA
Address: 3740 STRUBLE ROAD
City-St-Zip: ENDICOTT, NY 13760

ADDITIONS/CHANGES:

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

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 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: ROBIN NEWELL

MGRM

05/02/2007

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