

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000071235

Entity Name: SEACOAST106 LLC

FILED  
May 03, 2008  
Secretary of State

**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 (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:**

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

MRS.

05/03/2008

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