2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

Apr 26, 2005 08:00 AM **DOCUMENT # L00000000291 Secretary of State** 1. Entity Name SEACREST INN, L.L.C. Principal Place of Business Mailing Address 119 EUCLID AVE. 119 EUCLID AVE. BIRMINGHAM, AL 35213 BIRMINGHAM, AL 35213 03172005 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 58-2516472 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent WALTERS, ELIZABETH J ESQ. DO NOT WRITE 221 MCKENZIE AVE. PANAMA CITY, FL 32401 IN THIS SPACE 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and little if applicable. DATE (NOTE, Registered Agen) signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2005 9. MANAGING MEMBERS/MANAGERS MGRM TITLE BURNHAM, WESLEY L JR. NAME STREET ADDRESS 11212 FRONT BEACH ROAD U00000332080 04/26/05-80045-002 5**0.0**0 CITY-ST-ZIP PANAMA CITY BEACH, FL 32407 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify 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 signature shall have the same legal effect as if made under oath, that I am a managing member or manager of the timited liability company or the reserver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

UTHORIZED REPRESENTATIVE

FILED