


**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90068 003 ****50.00

DOCUMENT # L00000002269	
1. Entity Name Old Sebastian, LLC	

DO NOT WRITE IN THIS SPACE

24057298

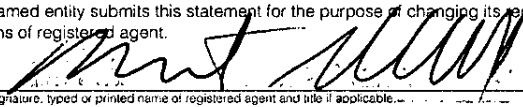
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc. 2692 U.S. Route 1 South <i>Suite 7</i>		Suite, Apt. #, etc. 2692 U.S. Route 1 South <i>Suite 7</i>	
City & State St. Augustine, FL		City & State St. Augustine, FL	
Zip 32086	Country USA	Zip 32086	Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3695409		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired. <input type="checkbox"/>		\$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name Graubard, Robert	
	Street Address (P.O. Box Number is Not Acceptable)	
	2692 U.S. Route 1 South	
	City St. Augustine	FL Zip Code 32086

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.

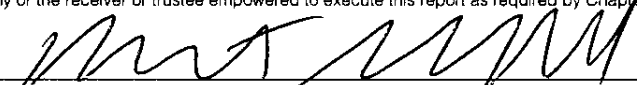
SIGNATURE  DATE 04/26/04

FEE IS \$50.00 Make Check Payable to Florida Department of State DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR - Graubard, Robert 2692 US Rte 1, South <i>Suite 7</i> St. Augustine, FL 32086	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Mgr - Laurence, Robert J.L. 1100-4 Ponce de Leon Blvd. South St. Augustine, FL 32084	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
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CR2E083B (12/02)

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 limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  04/26/04 904.791/9080

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE