

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000003299

1. Entity Name

SEACREST BEACH LAGOON, LLC

FILED

01 AUG 21 PM 12:17

Principal Place of Business

5399 EAST COUNTY HIGHWAY 30-A, BOX 190
SANTA ROSA BEACH FL 32459

Mailing Address

5399 EAST COUNTY HIGHWAY 30-A, BOX 190
SANTA ROSA BEACH FL 32459

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3664445

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PERRI, DANIEL C
5 CLIFFORD DRIVE, SUITE 12
SHALIMAR FL 32579

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State
Due By September 26, 2001

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR
NAME BARTON, PETER J
STREET ADDRESS 5399 EAST COUNTY HIGHWAY 30-A, BOX 190
CITY-ST-ZIP SANTA ROSA BEACH FL 32459

TITLE
NAME
STREET ADDRESS 000004547550--6
CITY-ST-ZIP -08/21/01--01006--024
*****613.75 *****55.00

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

SIGNATURE:

PETER J. BARTON

7/17/01

850-231-3700

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

Date

Daytime Phone #

CR2E083 (5/01)