

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 09, 2004 08:00 AM
Secretary of State

DOCUMENT # L00000014140

1. Entity Name
SEABREEZE PROPERTIES, LLC



Principal Place of Business
**694 BALDWIN AVENUE, SUITE 1
DEFUNIAK SPRINGS, FL 32435**

Mailing Address
**2313 PINE CREST DRIVE
BIRMINGHAM, AL 35216**



04072004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3706502

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**DAVIS, MARK D
694 BALDWIN AVENUE, SUITE 1
DEFUNIAK SPRINGS, FL 32435**

**DO NOT WRITE
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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE	CFO
NAME	JACOBS, RICHARD A
STREET ADDRESS	2313 PINE CREST DR.
CITY- ST- ZIP	BIRMINGHAM, AL 35216
TITLE	CPMO
NAME	RILEY, FRED H JR.
STREET ADDRESS	400 N HOLIDAY ROAD
CITY- ST- ZIP	MIRAMAR BEACH, FL 32550
TITLE	T
NAME	JACOBS, NAN G
STREET ADDRESS	2313 PINE CREST DR.
CITY- ST- ZIP	BIRMINGHAM, AL 35216
TITLE	EVP
NAME	RILEY, JEAN
STREET ADDRESS	400 N. HOLIDAY RD.
CITY- ST- ZIP	MIRAMAR BEACH, FL 32550
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

000000107631
04/09/04-80023-003 50.00

**DO NOT WRITE
IN THIS SPACE**

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:

Nan G. Jacobs

NAN G. JACOBS

APR 6, 2004

205/325-7779

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

Date

Daytime Phone #