

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

**FILED**  
**May 12, 2002 8:00 am**  
**Secretary of State**

05-12-2002 90609 046 \*\*\*\*50.00

DOCUMENT # L00000015728

1. Entity Name

SEACOAST BROKERS OF FLORIDA, LLC

**DO NOT WRITE IN THIS SPACE**

958305

2. Principal Place of Business

PMB 357

Suite, Apt. #, etc.

1521 Alton Road

City & State

Miami Beach, FL 33139

Zip  
33139

Country  
USA

3. Mailing Address

PMB 357

Suite, Apt. #, etc.

1521 Alton Road

City & State

Miami Beach, FL

Zip  
33139

Country  
USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1061350

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional  
Fee Required

7- Name and Address of Current Registered Agent

Name

David L. Hover

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

PMB 357

1521 Alton Road

City

Miami Beach,

FL

Zip Code  
33139

**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.

SIGNATURE

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

DATE

FEE IS \$50.00

Make Check Payable to Department of State

DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
Manager  
David L. Hover  
PMB 357, 1521 Alton Road  
Miami Beach, FL 33139

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
Manager  
Brian L. Hover  
4 Pensacola Place  
Hilton Head Island, SC 29928

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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CITY - ST - ZIP

**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:

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

*Richard B. Allen*

5/1/02 (843) 785-3311

Date

Daytime Phone #

CR2E083B (12/01)