


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90033 045 \*\*\*\*50.00

**DOCUMENT # L01000003571**  
 1. Entity Name  
**SEA COAST & COMPANY, L.L.C.**



Principal Place of Business <b>1681 COLLEGE PKWY GULF BREEZE, FL 32563</b>	Mailing Address <b>PO BOX 1422 GULF BREEZE, FL 32561-1422</b>
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**DO NOT WRITE IN THIS SPACE**



04272005 No Chg-LLC CR2E083 (10/03)

4. FEI Number <b>59-3710299</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

8. Name and Address of Current Registered Agent  
**SMITH, KIM M  
 1681 COLLEGE PKWY  
 GULF BREEZE, FL 32563**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00  
 Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P SMITH, KIM M 1681 COLLEGE PKWY GULF BREEZE, FL 32563</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM SMITH, T.L. 1681 COLLEGE PKWY GULF BREEZE, FL 32563</b>
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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:**  **4/25/05 (800)934-2835**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #