## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT # L01000003571

1. Entity Name

CHY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

NAME
STREET ADDRESS
CHY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CHY-ST-ZIP

SEA COAST & COMPANY, L.L.C.



FILED Feb 25, 2008 08:00 AM Secretary of State

Principal Place of Business

1681 COLLEGE PKWY GULF BREEZE, FL 32563 Mailing Address

PO BOX 1422

GULF BREEZE, FL 32561-1422



01292008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 59-3710299

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional

			1 op Wedninga	
	6. 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_	Signature, typed or printed name of registered agent and title if applicable	(NOTE Pegistered Agent signature required wh	en reinslating) DATE	
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			000000839139 03/05/08-80053-012 138.75	
9.	MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CHY-ST-ZIP	P SMITH, KIM M 1681 COLLEGE PKWY GULF BREEZE, FL 32563			
TITLE NAME STREET ADDRESS CHY-ST-ZIP	MGRM SMITH, T.L. 1681 COLLEGE PKWY GULF BREEZE, FL 32563			
TITLE NAME				

## DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

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