


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

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

**DOCUMENT # L01000003571**

1. Entity Name  
 SEA COAST & COMPANY, L.L.C.



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)

**DO NOT WRITE IN THIS SPACE**

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

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

U00000839139  
 03/05/08-80053-012 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SMITH, KIM M 1681 COLLEGE PKWY GULF BREEZE, FL 32563
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SMITH, T.L. 1681 COLLEGE PKWY GULF BREEZE, FL 32563
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**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.

SIGNATURE:  2-21-08 80053-012