

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90028 016 ****50.00

DOCUMENT # L01000004117

1. Entity Name
SEASCAPE I, L.L.C.



Principal Place of Business
**40001 EMERALD COAST PARKWAY
DESTIN, FL 32541**

Mailing Address
**40001 EMERALD COAST PARKWAY
DESTIN, FL 32541**

24039885



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03232004 Chg-LLC CR2E083 (10/03)

City & State

City & State

4. FEI Number

59-3706766

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MATTHEWS, DANA C ESQ.
607 HIGHWAY 98 EAST
DESTIN, FL 32541**

7. Name and Address of New Registered Agent

Name **Dana C. Matthews, Esq.**
Street Address (P.O. Box Number is Not Acceptable) **Matthews & Hawkins, P.A.**
4475 Legendary Drive
City **Destin** **FL** Zip Code **32541**

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**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGRM** ☐ Delete
NAME **CWJ DEVELOPMENT, INC.**
STREET ADDRESS **184 TWELVE OAKS LANE**
CITY-ST-ZIP **FREEPORT, FL 32439**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **MGRM** ☐ Delete
NAME **PALM DUNES INC**
STREET ADDRESS **184 TWELVE OAKS LANE**
CITY-ST-ZIP **FREEPORT, FL 32439**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

Date

Daytime Phone #