## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**DOCUMENT # L01000004712**

**1.** Entity Name
SEASCAPE FINANCIAL SERVICES, LIMITED COMPANY

24025049

| Principal Place of Business | Mailing Address |
|---|---|
| 11490 EMERALD COAST PKWY., STE. 100 DESTIN, FL 32541 | 29 EGLIN PKWY. N.E. FT WALTON BEACH, FL 32548 |

**DO NOT WRITE IN THIS SPACE**

02262004 No Chg-LLC          CR2E083 (10/03)

| **4.** FEI Number | Applied For |
|---|---|
| 63-1273396 | Not Applicable |

**5.** Certificate of Status Desired ☐     **$5.00** Additional Fee Required

**6. Name and Address of Current Registered Agent**

TRINGAS, JOHN J
11490 EMERALD COAST PKWY., STE. 100
DESTIN, FL 32541

**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: Registered Agent signature required when reinstating)                    DATE

**Filing Fee is $50.00**
**Due by May 1, 2004**

**9.** MANAGING MEMBERS/MANAGERS

| TITLE | MGR |
|---|---|
| NAME | TRINGAS, JOHN J |
| STREET ADDRESS | 29 EGLIN PKWY. N.E. |
| CITY-ST-ZIP | FT WALTON BEACH, FL 32548 |

| TITLE | MGR |
|---|---|
| NAME | BEASLEY, J. LARRY SR |
| STREET ADDRESS | 29 EGLIN PKWY N E |
| CITY-ST-ZIP | FORT WALTON BEACH, FL 32548 |

| TITLE | |
|---|---|
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| TITLE | |
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| TITLE | |
|---|---|
| NAME | |
| STREET ADDRESS | |
| 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:** _____     3/5/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE     Date     Daytime Phone #