


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 07, 2005 08:00 AM
Secretary of State

DOCUMENT # L01000008286 1. Entry Name SEAWAY APARTMENTS, L.L.C.	
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Principal Place of Business 1107 DRIFTWOOD LN FORT PIERCE, FL 34982	Mailing Address 1107 DRIFTWOOD LN FORT PIERCE, FL 34982
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01182005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1109313	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent JOHNS, CHRISTINE 1107 DRIFTWOOD LN FORT PIERCE, FL 34982

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 <i>Ch John</i>	(NOTE: Registered Agent signature required when reinstating)	DATE

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JOHNS, CHRISTINE 1107 DRIFTWOOD LN FORT PIERCE, FL 34982
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<p>000000219494 02/08/05-80029-017 50.00</p> <p>DO NOT WRITE IN THIS SPACE</p>

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <i>Ch John</i> <i>Christine Johns</i>	1/31/05	772 595-3522
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE		
Date Daytime Phone #		