

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 28, 2003 8:00 am**  
**Secretary of State**

0021275

DOCUMENT # L01000008286

1. Entity Name

SEAWAY APARTMENTS, L.L.C.



Principal Place of Business

637 2 2ND ST  
FT PIERCE FL 34950

Mailing Address

1014 COLONIAL RD.  
FT PIERCE FL 34950

2. Principal Place of Business

1107 Driftwood Ln

Suite, Apt. #, etc.

3. Mailing Address

1107 Driftwood Ln.

Suite, Apt. #, etc.

City & State

Fort Pierce FL

City & State

Fort Pierce FL

Zip

34982

Country

USA

Zip

34982

Country

USA

4. FEI Number

65-1109313

Applied For

Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

JOHNS, CHRISTINE

1014 COLONIAL RD. 1107 Driftwood Lane  
FT PIERCE FL 34950 Fort Pierce, FL.  
34982

7. Name and Address of New Registered Agent

Name

Christine Johns

Street Address (P.O. Box Number is Not Acceptable)

1107 Driftwood Ln.

Fort Pierce

City

FL

Zip Code

34982

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

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By September 24, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME MGR  
NAME JOHNS, CHRISTINE  
STREET ADDRESS 1014 COLONIAL RD.  
CITY-ST-ZIP FT PIERCE FL 34950 ☐ Delete

TITLE NAME  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE NAME  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE NAME  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE NAME  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE NAME  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE NAME 1107 Driftwood Ln. ☒ Change ☐ Addition  
NAME  
STREET ADDRESS Fort Pierce, FL.  
CITY-ST-ZIP 34982

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

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

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

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

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

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:

*Christine Johns* SIGNATURE ROCHRISTINE Johns

7/23/03

772 595-3522

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (4/03)