

**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.



07-28-2003 90065 017 \*\*\*\*50.00

Principal Place of Business 637 2 2ND ST FT PIERCE FL 34950	Mailing Address 1014 COLONIAL RD. FT PIERCE FL 34950
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2. Principal Place of Business 1107 Driftwood Ln Suite, Apt. #, etc.	3. Mailing Address 1107 Driftwood Ln. Suite, Apt. #, etc.
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CHECK HERE IF MAKING CHANGES

City & State Fort Pierce FL	City & State Fort Pierce FL	4. FEI Number 65-1109313	Applied For <input type="checkbox"/> Not Applicable
Zip 34982	Country USA	Zip 34982	Country USA
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent JOHNS, CHRISTINE 1014 COLONIAL RD. FT PIERCE FL 34950		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	
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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 \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By September 24, 2003**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JOHNS, CHRISTINE 1014 COLONIAL RD. FT PIERCE FL 34950 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1107 Driftwood Ln. Fort Pierce, FL. 34982 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 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)