

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90311 040 ****50.00

DOCUMENT # L01000011892

1. Entity Name

SEA CREST OF INDIAN SHORES DEVELOPMENT, LLC



Principal Place of Business

**151-107TH AVE
SUITE J
TREASURE ISLAND FL 33706**

Mailing Address

**151-107TH AVE
SUITE J
TREASURE ISLAND FL 33706**

40012109

2. Principal Place of Business

159 107th Ave
Suite, Apt. #, etc.

3. Mailing Address

159-107th Ave
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State

TREASURE IS, FL
Zip **33706** Country **Pineellas**

City & State

TREASURE IS, FL
Zip **33706** Country **Pineellas**

4. FEI Number **59-3754694**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ARSENAULT, KENNETH G JR.
10225 ULMERTON ROAD
SUITE 2
LARGO FL 33771**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 May 1, 2003

9. MANAGING MEMBERS / MANAGERS

TITLE **MGR**
NAME **COYLE, R. T**
STREET ADDRESS **151-107TH AVE STE J**
CITY-ST-ZIP **TREASURE ISLAND FL 33706**

☐ Delete

10. ADDITIONS / CHANGES

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition

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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:

R. T. Coyle
R. T. Coyle

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

Date

Daytime Phone #

CR2E083 (10/02)