

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 29, 2003 8:00 am
Secretary of State

01-29-2003 90046 034 ****50.00

DOCUMENT # L01000012822

1. Entity Name
SEA HORSE COVE VENTURES, LLC



Principal Place of Business
2428 NORTH ESSEX AVENUE
HERNANDO FL 34442

Mailing Address
2428 NORTH ESSEX AVENUE
HERNANDO FL 34442

20019367



2. Principal Place of Business
900 SW Kings Bay Dr
Suite, Apt. #, etc.

3. Mailing Address
900 SW Kings Bay Dr
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Crystal River, FL
Zip
34429

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Crystal River, FL
Zip
34429

4. FEI Number **04-3617725**

Applied For
☐ **Not Applicable**

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RHOADES, RON A
2428 NORTH ESSEX AVENUE
HERNANDO FL 34442

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

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	PAMELA, NIX	7601 N FLORIDA AVE	CITRUS FL 34434	<input checked="" type="checkbox"/>
P	CAROL, SMITH	900 SW KING BAY DR	CRYSTAL RIVER FL 34429	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *(Signature)* **REQUIRED 1/21/03**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date Daytime Phone #

CR2E083 (10/02)