

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 27, 2003 8:00 am**  
**Secretary of State**

01-27-2003 90078 027 \*\*\*\*50.00

**DOCUMENT # L01000013970**

1. Entity Name

**SEACREST EAST, L.L.C.**



Principal Place of Business

**95 LAURA HAMILTON DRIVE  
SANTA ROSE BEACH FL 32459**

Mailing Address

**95 LAURA HAMILTON DRIVE  
SANTA ROSE BEACH FL 32459**

**20018123**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

**7 TOWN CENTER LOOP**

3. Mailing Address

**7 TOWN CENTER LOOP**

Suite, Apt. #, etc.

**C-14**

Suite, Apt. #, etc.

**C-14**

City & State

**SANTA ROSA BEACH FL**

City & State

**SANTA ROSA BEACH FL**

Zip

**32459**

Country

**U.S.**

Zip

**32459**

Country

**U.S.**

4. FEI Number **59-3756331**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**WATSON, FRANKLIN H P.A.  
5365 E. COUNTY HIGHWAY 30A, SUITE 105  
SEAGROVE BEACH FL 32459**

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** ☐ Delete  
NAME **ROOKIS, RICHARD J**  
STREET ADDRESS **95 LAURA HAMILTON DRIVE**  
CITY-ST-ZIP **SANTA ROSE BEACH FL 32459**

TITLE **MGR** ☐ Delete  
NAME **ANDREWS, ANGUS G JR.**  
STREET ADDRESS **95 LAURA HAMILTON DRIVE**  
CITY-ST-ZIP **SANTA ROSE BEACH FL 32459**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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:

**SIGNATURE REQUIRED**

**1. 22.03**

**850.267.3400**

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

Date

Daytime Phone #

CR2E083 (10/02)