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

L01000021668

**DOCUMENT #** 

SEABREEZE LAND COMPANY, LLC

1. Entity Name

## **FILED** Apr 01, 2002 8:00 am Secretary of State 04-01-2002 90726 032 \*\*\*\*50.00

DO NOT WRITE IN THIS SPACE           2. Principal Place of Business         3. Mailing Address           2115 N. 15th STREET         2115 N. 15th STREET           Suite, Apt. #, etc.         Suite, Apt. #, etc.			B0054569  DO NOT WRITE IN THIS SPACE	
City & State TAMPA FL	City & State TAMPA	FL	1 00 0000160	Applied For
Zip Country 33605-3647 US.:	Zip 33605-3647	Country	5. Certificate of Status Desired \$5.00 / Fee Requ  7. Name and Address of Current Registered Agent	
DO NOT WRITE  IN THIS SPACE  Street Address (P.O. Box Number is Not Acceptable)  1715 CLEVELAND STREET  City TAMPA  FL Zip Code 33606  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.				ode 006
SIGNATURE    Signature, typed or printed name of registered agent and title if applicable.   DATE				
9. MANAGE  TITLE NAME STREET ADDRESS CITY- ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	STREET	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		CD)E00B (40)(41)
CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS		CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	DO NOT WRITE IN THIS SPACE	
CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP		CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  CITY-ST-ZIP  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.

TED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

GEORGE H. LORTON

3/15/02

Date

813/248-8844

Daytime Phone #