

FILED
Apr 04, 2003 8:00 am
Secretary of State

04-04-2003 90001 047 ****50.00

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

DOCUMENT # L01000021668			
1. Entity Name SEABREEZE LAND COMPANY, LLC			
Principal Place of Business 2115 N 15TH STREET TAMPA, FL 33605		Mailing Address 2115 N 15TH STREET TAMPA, FL 33605	
2. Principal Place of Business 2111 N 15th St		3. Mailing Address 2111 N 15th St.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Tampa FL		City & State Tampa FL	
Zip 33605		Zip 33605	
Country U.S.		Country U.S.	
4. FEI Number 80-0020160		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent LANGFORD, E.C. ESQ 1716 WEST CLEVELAND ST. TAMPA, FL 33606		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 _____ (NOTE: Registered Agent's signature required when registering) Signature, typed or printed name of registered agent and title if applicable _____ DATE _____			
FILE NOW! FEE IS \$80.00 Make Sure to Pay to the Florida Department of State P.O. Box 1390, Tallahassee, FL 32304-1390			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LORTON, GEORGE H 2115 N 15TH STREET TAMPA, FL 33605 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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:  George H. Lorton		4/3/03 813-240-884	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	