



2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 18, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000001592	
1. Entity Name SEAWINDS FUNERAL HOME I, LLC	

Principal Place of Business 735 FLEMING STREET SEBASTIAN, FL 32958	Mailing Address 735 FLEMING STREET SEBASTIAN, FL 32958
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DO NOT WRITE IN THIS SPACE

	
07142005 No Chg-LLC	CR2E083 (10/03)
4. FEI Number 74-3070363	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent YOUNG, JAMES W JR. 735 FLEMING STREET SEBASTIAN, FL 32958	DO NOT WRITE IN THIS SPACE
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.	

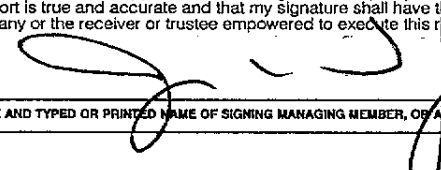
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00 Due by September 7, 2005	1000000373254 07/18/05-80006-025 50.00
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM YOUNG, JAMES W JR. 735 FLEMING STREET SEBASTIAN, FL 32958
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IN THIS SPACE

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:  **7/13/05** **772-562-2365**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #