

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000010658

FILED
Mar 18, 2009
Secretary of State

Entity Name: SEABOARD PROPERTY HOLDINGS, LLC

Current Principal Place of Business:

3880 N A1A
UNIT 805
FT. PIERCE, FL 34949

New Principal Place of Business:

Current Mailing Address:

3880 N A1A
UNIT 805
FT. PIERCE, FL 34949

New Mailing Address:

FEI Number: 26-4849394 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COTTER, THOMAS A
101 EAST KENNEDY BLVD.
SUITE 2800
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SMITH, DARRELL
Address: 3880 N A1A, UNIT 805
City-St-Zip: FT. PIERCE, FL 34949 US

Title: MGR () Delete
Name: SMITH, DARRELL L
Address: 3880 N A1A, UNIT 805
City-St-Zip: FT. PIERCE, FL 34949 US

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ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: DARRELL L. SMITH

MGR

03/18/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date