

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

**FILED**  
**Jun 13, 2003 8:00 am**  
**Secretary of State**

06-13-2003 90005 036 \*\*\*\*50.00

DOCUMENT # LO20000012174

1. Entity Name

SEAHORSE LAND Company, L.L.C.

**DO NOT WRITE IN THIS SPACE**

10107014

2. Principal Place of Business

8070 FOUNTAINS LANE

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 6567

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

DESTIN, FLORIDA

Zip

32550

Country

USA

City & State

DESTIN, FLORIDA

Zip

32550

Country

USA

4. FEI Number

01-0694442

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Robert H. Harris

Street Address (P.O. Box Number is Not Acceptable)

8070 FOUNTAINS LANE

City

DESTIN

**FL**

Zip Code

32550

**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.

SIGNATURE

Robert H. Harris

Signature, typed or printed name of registered agent and title if applicable.

6/4/03

DATE

**FEE IS \$50.00**

**Make Check Payable to Department of State  
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

Managing Member  
Robert H. Harris  
8070 FOUNTAINS LANE  
DESTIN, FLORIDA 32550

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

Robert H. Harris

6/4/03

850-622-0191

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

Daytime Phone #

CR2E0836 (12/01)