

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

FILED
Aug 08, 2003 8:00 am
Secretary of State

08-08-2003 90060 029 ****50.00

DOCUMENT # L02000013835
1. Entity Name 218 SEASPRAY, LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 218 SEASPRAY AVENUE Suite, Apt. #, etc. City & State PALM BEACH, FL Zip 33480	3. Mailing Address SAME Suite, Apt. #, etc. City & State Country USA
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90149426

DO NOT WRITE IN THIS SPACE

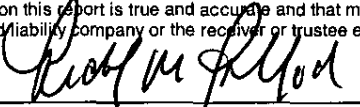
DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent	
Name TARONE, THEODORE T. JR	Applied For <input checked="" type="checkbox"/> Not Applicable
Street Address (P.O. Box Number is Not Acceptable) STRAMBOUGH & TARONE, P.A.	
180 ROYAL PALM WAY	
City PALM BEACH	Zip Code 33480

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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>

FEE IS \$50.00 Make Check Payable to Florida Department of State DUE BY MAY 1
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9. MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT RICHARD M. POLLOCK 218 SEASPRAY AVENUE PALM BEACH, FL 33480	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)(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:  8/3/03 56455-0901 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>