

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L02000018234

Entity Name: SEA MIST HOMES, LLC

FILED
Apr 30, 2003
Secretary of State

Current Principal Place of Business:

735 HAWKSBILL ISLAND DRIVE
SATELLITE BEACH, FL 32937 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 372522
SATELLITE BEACH, FL 32937 US

New Mailing Address:

P.O. BOX 8273
COCOA, FL 32924 US

FEI Number: 52-2378712

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

NOSTRAND, RICHARD V
735 HAWKSBILL ISLAND DRIVE
SATELLITE BEACH, FL 32937 US

Name and Address of New Registered Agent:

NOSTRAND, RICHARD V
5950 PENINSULA AVE
KEY WEST, FL 33040 US

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:

04/30/2003

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: NOSTRAND, RICHARD V
Address: P.O. BOX 372522
City-St-Zip: SATELLITE BEACH, FL 32937 US

Title: MGR () Delete
Name: NOSTRAND, NEITA A
Address: P.O. BOX 572
City-St-Zip: KEY WEST, FL 33041 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: NOSTRAND, RICHARD V
Address: P.O. BOX 8273
City-St-Zip: COCOA, FL 32924 US

Title: MGR (X) Change () Addition
Name: NOSTRAND, NEITA A
Address: P.O. BOX 8273
City-St-Zip: COCOA, FL 32924 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: NEITA A NOSTRAND

MGR

04/30/2003

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