


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 15, 2005 8:00 am**  
**Secretary of State**

07-15-2005 90066 010 \*\*\*\*50.00

<b>DOCUMENT # L02000018839</b>	
1. Entity Name <b>SEACON CONSTRUCTION, LLC</b>	

Principal Place of Business <b>1915 AIRPORT BLVD MELBOURNE, FL 32901</b>	Mailing Address <b>1915 AIRPORT BLVD MELBOURNE, FL 32901</b>
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2. Principal Place of Business <b>694 ATLANTIS Rd</b>	3. Mailing Address <b>694 ATLANTIS Rd</b>
Suite, Apt. #, etc. <b>#3</b>	Suite, Apt. #, etc. <b>#3</b>
City & State <b>MELBOURNE FL</b>	City & State <b>MELBOURNE FL</b>
Zip <b>32904</b>	Country <b>USA</b>



07132005 Chg-LLC CR2E083 (10/03)

4. FEI Number <b>33-1054439</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent <b>LARKIN, DAVID C 1900 S HICKORY STREET STE. A MELBOURNE, FL 32901</b>	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<b>FL</b>	Zip Code


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 re-registering) DATE \_\_\_\_\_

Filing Fee is \$50.00 Due by September 7, 2005	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM MAGUIRE, PATRICK 261 MIAMI AVE INDIALANTIC, FL 32903</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:**  **PATRICK MAGUIRE** **7-13-05** **321-723-6787**  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #