

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000020198

FILED
Apr 24, 2006
Secretary of State

Entity Name: SEAWELL CUSTOM HOMES, LLC

Current Principal Place of Business:

623 OAK STREET
GREEN COVE SPRINGS, FL 32043 US

New Principal Place of Business:

Current Mailing Address:

623 OAK STREET
GREEN COVE SPRINGS, FL 32043 US

New Mailing Address:

FEI Number: 83-0342758 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

INTREPID REGISTERED AGENT SERVICES, LLC
ONE INDEPENDENT DRIVE
SUITE 1200
JACKSONVILLE, FL 32202 US

Name and Address of New Registered Agent:

FORD, BOWLUS, DUSS ET AL
10110 SAN JOSE BLVD
JACKSONVILLE, FL 32257 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: MICHAEL BOWLUS

04/24/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SEARS, STEVEN T
Address: 623 OAK STREET
City-St-Zip: GREEN COVE SPRINGS, FL 32043 US

Title: MGR (X) Delete
Name: JAMES, BOSWELL G
Address: 623 OAK STREET
City-St-Zip: GREEN COVE SPRINGS, FL 32043 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: BOSWELL, JAMES G
Address: 623 OAK STREET
City-St-Zip: GREEN COVE SPRINGS, FL 32043 US

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

I hereby certify that the information supplied with this filing does not qualify for the 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: JAMES G. BOSWELL

MGR

04/24/2006

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