

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Aug 18, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000022660

1. Entity Name

SEASIDE COTTAGES OF ST. AUGUSTINE BEACH, LLC



Principal Place of Business

4811 ATLANTIC BOULEVARD, SUITE 300
JACKSONVILLE, FL 32207

Mailing Address

4811 ATLANTIC BOULEVARD, SUITE 300
JACKSONVILLE, FL 32207



08162004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

542072533

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MILONAS, TASO M
1800 SECOND STREET, SUITE 884
SARASOTA, FL 34236

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by September 8, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE VP
NAME JOHNS, THOEDORE M
STREET ADDRESS 4811 ATLANTIC BLVD
CITY - ST - ZIP JACKSONVILLE, FL 32207

TITLE P
NAME ERACLIDES, HERMES
STREET ADDRESS 4811 ATLANTIC BLVD
CITY - ST - ZIP JACKSONVILLE, FL 32207

TITLE S
NAME HALL, BRAD
STREET ADDRESS 4811 ATLANTIC BLVD
CITY - ST - ZIP JACKSONVILLE, FL 32207

TITLE T
NAME GELMAN, MARK H
STREET ADDRESS 4811 ATLANTIC BLVD
CITY - ST - ZIP JACKSONVILLE, FL 32207

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

U000000170345
08/18/04-80002-016 50.00

**DO NOT WRITE
IN THIS SPACE**

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:

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

Date

Daytime Phone #

8-16-04 904-306-9955