


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 13, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000025994


1. Entity Name
WILLIAM A. SEACREST, SR., LLC



Principal Place of Business
**245 PINWOOD DR
 TALLAHASSEE, FL 32303**

Mailing Address
**245 PINWOOD DR
 TALLAHASSEE, FL 32303**

DO NOT WRITE IN THIS SPACE



04122004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 05-0533954	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

**SEACREST, WILLIAM A SR
 245 PINWOOD DR
 TALLAHASSEE, FL 32303**

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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when remaining)

Filing Fee is \$50.00 Due by May 1, 2004

U00000111489
 04/13/04-80020-003 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SEACREST, WILLIAM A SR 245 PINWOOD DRIVE TALLAHASSEE, FL 32303
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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)(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 609, Florida Statutes.

SIGNATURE:  4/12/04 850-385-7739

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #