

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000025994

FILED
Aug 31, 2007
Secretary of State

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

Current Principal Place of Business:

245 PINWOOD DR
TALLAHASSEE, FL 32303

New Principal Place of Business:

9466 NAVARRE PARKWAY SUITE D
NAVARRE, FL 32566

Current Mailing Address:

245 PINWOOD DR
TALLAHASSEE, FL 32303

New Mailing Address:

POST OFFICE BOX 6420
NAVARRE, FL 32566

FEI Number: 05-0533954 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

SEACREST, WILLIAM A SR
9466 NAVARRE PARKWAY SUITE D
NAVARRE, FL 32566 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: WILLIAM A. SEACREST, SR

08/31/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SEACREST, WILLIAM A SR
Address: 245 PINWOOD DRIVE
City-St-Zip: TALLAHASSEE, FL 32303 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: SEACREST, WILLIAM A SR
Address: 9466 NAVARRE PARKWAY SUITE D
City-St-Zip: NAVARRE, FL 32566 US

I hereby certify that the information supplied with this filing does not qualify 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: WILLIAM A. SEACREST, SR

MGM

08/31/2007

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