2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L02000028361

1. Entity Name

HAUGHEY SEASHORE ENTERPRISES, LLC



FILED Apr 26, 2005 08:00 AM Secretary of State

Principal Place of Business C/O MR. & MRS. HAUGHEY 11548 DELMAR AVENUE ORLANDO, FL 32836 Mailing Address

C/O MR, & MRS. HAUGHEY 11548 DELMAR AVENUE ORLANDO, FL 32836



03072005No Chg-LLC

CR2E083 (10/03)

4. FEI Number 16-1635190 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

HAUGHEY, ALAN 11548 DELMAR AVENUE ORLANDO, FL 32836

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8. The above the obligat	a named ontity submits this statement for the purpose of char tions of registered agent.	 nging its registered office or registered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered event and title if applicable.	(NOTE. Registered Agent signature required when reinstating)	DATE
F	iling Fee is \$50.00 ue by May 1, 2005	Processing and Section of Section (Section 2)	
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HAUGHEY, ALAN 11548 DELMAR AVENUE ORLANDO, FL 32836		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HAUGHEY, JOAN 11548 DELMAR AVENUE ORLANDO, FL. 32838		U00000332627 04/26/05-80065-820 55.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME			

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 eath; 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:

STREET ADDRESS CITY-ST-ZIP

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

4-19-05

417-905.4662

Daytime