

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED

2004 MAR -1 PM 3:43

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOCUMENT # L02000031342 1. Entity Name SEAWELL REAL ESTATE SERVICES, LLC																																	
Principal Place of Business 450 STATE ROAD 13 N. JACKSONVILLE, FL 32259			Mailing Address 450 STATE ROAD 13 N. JACKSONVILLE, FL 32259																														
2. Principal Place of Business 623 OAK STREET Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																														
City & State Green Cove Springs FL Zip 32043			City & State City Green Cove Springs FL Zip 32043																														
4. Name and Address of Current Registered Agent INTREPID REGISTERED AGENT SERVICES, LLC 4741 ATLANTIC BLVD., SUITE D JACKSONVILLE, FL 32207			5. Name and Address of New Registered Agent Name Steven Sears Street Address (P.O. Box Number is Not Acceptable) 623 OAK STREET City Green Cove Springs FL Zip Code 32043																														
6. 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: <u><i>Steven Sears</i></u> 4/30/03 (Signature, typed or printed name of registered agent and title if applicable. (NONE: Registered Agent signature accepted when submitting.) DATE)																																	
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2" style="text-align: left;">9. MANAGING MEMBERS/MANAGERS</th> <th colspan="2" style="text-align: left;">10. ADDITIONS/CHANGES</th> </tr> </thead> <tbody> <tr> <td style="width: 20%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 40%;">☐ Delete</td> <td style="width: 20%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 40%;"> ☐ Change ☒ Addition Manager Steven T. Sears 1125 Kingsland Court Jacksonville FL 32259 </td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td>☐ Delete</td> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td> ☐ Change ☒ Addition Manager James G. Boswell 2218 Yearling Ct Orange Park FL 32073 </td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td>☐ Delete</td> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td> ☐ Change ☐ Addition </td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td>☐ Delete</td> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td> ☐ Change ☐ Addition </td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td>☐ Delete</td> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td> ☐ Change ☐ Addition </td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td>☐ Delete</td> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td> ☐ Change ☐ Addition </td> </tr> </tbody> </table>						9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition Manager Steven T. Sears 1125 Kingsland Court Jacksonville FL 32259	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition Manager James G. Boswell 2218 Yearling Ct Orange Park FL 32073	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 199.07(2)(b), 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 register or trustee empowered to execute this report as required by Chapter 606, Florida Statutes.																																	
SIGNATURE: <u><i>Steven Sears</i></u> 4/30/03 (904)529-2016 (Signature and typed or printed name of managing member, manager, or authorized representative agent. Date Daytime Phone #)																																	

000019744500
03/22/03--01073--001 **\$50.00



☒ CHECK HERE IF MAKING CHANGES

4. FBI Number **83-0342767** Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

CRE003 (1/02)

000019744500
03/03/04--01048--007 **\$0.00