

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000000658

FILED
Mar 28, 2004
Secretary of State

Entity Name: SEASIDE OAKS DEVELOPMENT, LLC

Current Principal Place of Business:

100 N. TAMPA ST., STE. 2030
TAMPA, FL 33602

New Principal Place of Business:

100 N. TAMPA ST., STE. 2175
TAMPA, FL 33602

Current Mailing Address:

100 N. TAMPA ST., STE. 2030
TAMPA, FL 33602

New Mailing Address:

3225 S. MACDILL AVE,
129-317
TAMPA, FL 336298171

FEI Number: 59-3765345

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WARD, R. CARLTON ESQ
RICHARDS, GILKEY, FITE, ET AL
1253 PARK ST
CLEARWATER, FL 33755 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: BRABSON, JOHN
Address: 100 N. TAMPA ST., STE. 2030
City-St-Zip: TAMPA, FL 33602

Title: MGR () Delete
Name: FLOWERS, HAL
Address: 100 N. TAMPA ST., STE. 2030
City-St-Zip: TAMPA, FL 33602

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: BRABSON, JOHN
Address: 5424 LYKES LANE
City-St-Zip: TAMPA, FL 33611

Title: MGR (X) Change () Addition
Name: FLOWERS, HAL
Address: PO BOX 2262
City-St-Zip: TAMPA, FL 33601

I hereby certify that the information supplied with this filing does not qualify for the 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 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: HARRY C. FLOWERS

MGR

03/28/2004

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