

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 27, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L03000002867**

**1. Entity Name**  
**SEABREEZE OFFICE ASSOCIATES, LLC**



**Principal Place of Business**  
**444 SEABREEZE BLVD**  
**STE. 1000**  
**DAYTONA BEACH, FL 32118**

**Mailing Address**  
**444 SEABREEZE BLVD**  
**STE. 1000**  
**DAYTONA BEACH, FL 32118**



01182007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number**  
**37-1455631**

**Applied For**  
**Not Applicable**

**5. Certificate of Status Desired** ☐

**\$5.00 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**LICHTIGMAN, CHARLES S**  
**444 SEABREEZE BLVD**  
**STE. 1000**  
**DAYTONA BEACH, FL 32118**

**DO NOT WRITE  
IN THIS SPACE**

**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** \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reissuing)

**DATE** \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2007**

U00000738173  
05/11/07-80049-009 50.00

**9. MANAGING MEMBERS/MANAGERS**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
**MGRM**  
**BASIN STREET PARTNERS, LLC**  
**444 SEABREEZE BLVD., SUITE 1002**  
**DAYTONA BEACH, FL 32118**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
**MGRM**  
**LIGHTCO LIMITED PARTNERSHIP**  
**444 SEABREEZE BLVD., SUITE 1000**  
**DAYTONA BEACH, FL 32118**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**DO NOT WRITE  
IN THIS SPACE**

**11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 608, Florida Statutes.**

**SIGNATURE:** Charles S. Lichtigman **4/25/07** **386-238-3600**

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

Date

Daytime Phone #