


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

03-26-2004 90159 027 ****50.00

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DOCUMENT # L03000006528			
1. Entity Name SEAFREE DEVELOPMENT, L.L.C.			
Principal Place of Business PO BOX 1043 FREEPORT, FL 32439		Mailing Address PO BOX 1043 FREEPORT, FL 32439	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

02102004 Chg-LLC CR2E083 (10/03)

4. FEI Number <u>65-1176159</u>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent WATSON, FRANKLIN H P.A. 5365 E. COUNTY HWY. 30A, STE. 105 SEAGROVE BEACH, FL 32459	7. Name and Address of New Registered Agent Name <u>Dana C. Matthews, Esq.</u> Street Address (P.O. Box Number is Not Acceptable) <u>Matthews & Hawkins, P.A.</u> <u>4175 Legendary Drive</u> City <u>Destin</u> FL Zip Code <u>32541</u>
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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] DATE: 3/24/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
Due by May 1, 2004**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>MGR</u> <u>C. Wayne Jones</u> <u>184 Twelve Oaks Lane</u> <u>Freeport, FL 32439</u> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 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 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: C. Wayne Jones
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date: 3/24/04
Daytime Phone #