2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L0300008829 1. Entity Name SEAGROVE BEACH DEVELOPMENT, L.L.C.



Apr 20, 2007 8:00 am Secretary of State 04-20-2007 90026 026 ****50.00

FILED

Principal Place of Business 506 HIGHWAY 98 EAST

DESTIN, FL 32541

Mailing Address

506 HIGHWAY 98 EAST DESTIN, FL 32541 20008375



DO NOT WRITE IN THIS SPACE

03092007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 65-1177737

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ABBOTT, JR, WILLIAM W 506 HWY 98 E DESTIN, FL 32541

DO NOT WRITE IN THIS SPACE

	1			
	named entity submits this statement for the purpose of changing of registered agent.	ging its registere	d office or registered agent, or both, in the Sta	te of Florida. I am familiar with, and accept
SIGNATURE_	9 M			
	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered	Agent signature required when reinstating)	DATE
D	iling Fee Is \$50.00 ue by May 1, 2007.			
9.	MANAGING MEMBERS/MANAGERS	•		
TITLE	MGRM			
NAME	ABBOTT, WILLIAM.W JR			
STREET ADORESS	506 HIGHWAY 98 EAST			
CITY-ST-ZIP	DESTIN, FL 32541			
TITLE				
NAME				
STREET ADDRESS				
CITY-ST-ZIP				
TITLE				
NAME				
STREET ADDRESS			DO NOT	WRITE
CITY-ST-ZIP			-	
TITLE			IN THIS	SPACE
NAME				0.7.02
STREET ADDRESS CITY-ST-ZIP				
TITLÉ				
NAME				
STREET ADDRESS				
CITY-ST-ZIP				
TITLE				K.

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 receiveryor trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

TYPED OR PRINTED NAME OF SKINING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4-18-07

80 654.4437

Daytime Phone #