


2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

03-23-2004 90071 024 ****50.00

DOCUMENT # L03000012102 1. Entity Name SEAPINES HOME DEVELOPMENT, LLC	
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Principal Place of Business 6928 COBBLESTONE DRIVE, SUITE 400 SOUTHAVEN, MS 38672	Mailing Address P.O. BOX 165 SOUTHAVEN, MS 38671
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34003574



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01132004 Chg-LLC CR2E083 (10/03)

4. FEI Number 65-1189324	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MULLINS, HAL S 61 E BERMUDA LANE SANTA ROSA BEACH, FL 32459		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

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 reinstating)	DATE
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	MGR MULLINS, HAL P.O. BOX 165 SOUTHAVEN, MS 38671 <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: <u>Hal S. Mullins</u> SIGNATURE AND TYPED OR PRINTED NAME OF SHARED MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date	Daytime Phone #
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