


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State


04-28-2004 90074 043 ****50.00

DOCUMENT # L03000015008		
1. Entity Name SEBASTIEN PROPERTIES LLC		

Principal Place of Business 1431 N SECOND STREET JACKSONVILLE BEACH, FL 32250	Mailing Address 1431 N SECOND STREET JACKSONVILLE BEACH, FL 32250
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24057558

2. Principal Place of Business 3170 N. Federal Hwy Suite 103C	3. Mailing Address 3170 N. Federal Hwy Suite #103C
City & State Lighthouse Pt FL	City & State Lighthouse Pt FL
Zip 33064	Country USA

	
04222004 Chg-LLC	CR2E083 (10/03)
4. FEL Number 54-2107807	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 DICRESCENZO, ANGELA 3170 N FEDERAL HIGHWAY SUITE 103-H LIGHTHOUSE POINT, FL 33064	
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7. Name and Address of New Registered Agent Suite 103C FL	
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 Angela Crescenzo	DATE 4/20/04
(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	MGRM SKEFFINGTON, VIRGINIA JEAN 1431 N SECOND STREET JACKSONVILLE BEACH, FL 32250 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	2577 Little Kate Rd. Park City UT 84060 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SKEFFINGTON, CHANZ 1431 N SECOND STREET JACKSONVILLE BEACH, FL 32250 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	2577 Little Kate Rd. Park City UT 84060 <input checked="" 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: X Chantz	DATE 4/25/04 DAYTIME PHONE # 954-782-4560
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	