

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 09, 2005 8:00 am
Secretary of State

05-09-2005 90051 004 ****50.00

DOCUMENT # L03000015008					
1. Entity Name SEBASTIEN PROPERTIES LLC					
Principal Place of Business 3170 N FEDERAL HWY STE 103C LIGHTHOUSE PT, FL 33064 US			Mailing Address 3170 N FEDERAL HWY STE 103C LIGHTHOUSE PT, FL 33064 US		
2. Principal Place of Business 2716 RS Bailey Drive E Suite, Apt. #, etc.		3. Mailing Address PO Box 681292 Suite, Apt. #, etc.			
City & State Jacksonville, FL		City & State Park City, UT		04302005 Chg-LLC CR2E083 (10/03)	
Zip 32246		Country USA		4. FEI Number 54-2107807	
5. Certificate of Status Desired ☐		Applied For Not Applicable			
6. Name and Address of Current Registered Agent DICRESCENZO, ANGELA 3170 N FEDERAL HIGHWAY SUITE 103C LIGHTHOUSE POINT, FL 33064					
7. Name and Address of New Registered Agent 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: DATE:					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SKEFFINGTON, CHANZ 2577 LITTLE KATE RD PARK CITY, UT 84060 ☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR-M Skeffington, Steven RS Bailey Drive E, Jacksonville, FL 32246 ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
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:			4/30/2005 435.731.0121		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					