

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000015008

FILED  
Jul 15, 2008  
Secretary of State

**Entity Name:** SEBASTIEN PROPERTIES LLC

**Current Principal Place of Business:**

2716 RS BAILEY DRIVE EAST  
JACKSONVILLE, FL 32246 US

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 681292  
PARK CITY, UT 84068 US

**New Mailing Address:**

FEI Number: 54-2107807      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

DICRESCENZO, ANGELA  
3170 N FEDERAL HIGHWAY  
SUITE 103C  
LIGHTHOUSE POINT, FL 33064 US

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: SKEFFINGTON, CHANZ  
Address: 2577 LITTLE KATE RD  
City-St-Zip: PARK CITY, UT 84060

Title: MGRM ( ) Delete  
Name: SKEFFINGTON, STEVEN  
Address: RS BAILEY DRIVE E  
City-St-Zip: JACKSONVILLE, FL 32246

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: CHANZ SKEFFINGTON

MGR

07/15/2008

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date