## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE:

## Mar 29, 2006 8:00 am Secretary of State 03-03-2006 90007 018 \*\*\*\*50.00 **DOCUMENT # L03000018247** SEASTONE TOWN HOMES, LLC Principal Place of Business Mailing Address 30003648 **306 ALCAZAR AVENUE 306 ALCAZAR AVENUE** 303 303 CORAL GABLES, FL 33134 CORAL GABLES, FL 33134 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02282006 Chg-LLC CR2E083 (11/05) City & State City & State 4. FEI Number Applied For 71-0948024 Not Applicable Zin Country Zip \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SIMAN, MAURICIO J 306 ALCAZAR AVENUE Street Address (P.O. Box Number is Not Acceptable) SUITE 303 CORAL GABLES, FL 33134 Zip Code a. 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. 14 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. Filling Fee is \$50.00 Due by May 1, 2006 Make check payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE ☐ Delete TITLE ☐ Change ☐ Addition MADICK DEVELOPERS, INC. NAME HAME STREET ADDRESS 306 ALCAZAR AVENUE, SUITE 303 STREET ADDRESS CORAL GABLES, FL 33134 CITY-ST-ZIP CITY-ST-ZIP MGRM TITLE Delete TITLE ☐ Addition NAME FRY DEVELOPMENT, LLC NAME STREET ADDRESS 306 ALCAZAR AVENUE, SUITE 303 STREET ADDRESS CITY-ST-ZIP CORAL GABLES, FL 33134 CITY-ST-ZIP IIILE Ociete TITLE Change ☐ Addition HALES NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZP TITLE ☐ Delete HILE ☐ Change Addition NAME MALES. STREET ACCRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS Lity-ST-ZiP CITY-ST-ZIP TITLE ☐ Deleta TITLE ☐ Change ☐ Addition NATHE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 11. I hereby certify that the internation supplied with this Itling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I turther certify that the information indicated on this report is true and accurate end 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 of the receiver or frustless empowered to execute this report as required by Chapter 608, Florida Statutes. 71/06

NE OF SIGNING MANAGING MERISER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**FILED** 



## ATTACHMENT 30003648

## FLORIDA DEPARTMENT OF STATE Division of Corporations

March 6, 2006

SEASTONE TOWN HOMES, LLC 306 ALCAZAR AVENUE 303 CORAL GABLES, FL 33134 US

Subject: SEASTONE TOWN HOMES, LLC

Reference Number:

L03000018247

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by a managing member, manager or an authorized representative of the limited liability company.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/CJ ANNUAL REPORTS SECTION