

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000018596

FILED
Apr 24, 2004
Secretary of State

Entity Name: SEASIDE PROPERTY MANAGEMENT, LLC

Current Principal Place of Business:

3942 SE COQUINA DR.
STUART, FL 34997

New Principal Place of Business:

2252 SE ROCK SPRINGS DR.
PORT SAINT LUCIE, FL 34952 US

Current Mailing Address:

3942 SE COQUINA DR.
STUART, FL 34997

New Mailing Address:

2252 SE ROCK SPRINGS DR.
PORT SAINT LUCIE, FL 34952 US

FEI Number: 27-0058800

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HERION, JOHN
3942 SE COQUINA DR.
STUART, FL 34997

Name and Address of New Registered Agent:

HERION, JOHN
2252 SE ROCK SPRINGS DR.
PORT SAINT LUCIE, FL 34952 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:

04/24/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: HERION, JOHN
Address: 3942 SE COQUINA DR.
City-St-Zip: STUART, FL 34997

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: HERION, JOHN
Address: 2252 SE ROCK SPRINGS DR.
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: MGR () Change (X) Addition
Name: HERION, KATHRYN A ADMINIS
Address: 2252 SE ROCK SPRINGS DR
City-St-Zip: PORT SAINT LUCIE, FL 34952 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: KATHRYN A HERION

ADMI

04/24/2004

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