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Secretary of State

07-15-2004 90049 028 ****50.00

7/15/

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000025762

1. Entity Name
SEA DUNES ASSOCIATES, LLC

Principal Place of Business	Mailing Address
3145 GULF SHORES PARKWAY GULF SHORES, AL 36542	3145 GULF SHORES PARKWAY GULF SHORES, AL 36542

34009804

07122004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business		3. Mailing Address	
		56 MIDTOWN PARK W.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State: MOBILE, ALABAMA	
Zip	Country	Zip: 36606	Country: USA

4. FEI Number 77-0601253 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MATTHEWS, EDSEL "EDDIE" F JR ESQ
308 SOUTH JEFFERSON STREET
PENSACOLA, FL 32502

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 ______________________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by September 8, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	PHILIPS, RICK A		NAME		
STREET ADDRESS	3145 GULF SHORES PARKWAY		STREET ADDRESS		
CITY-ST-ZIP	GULF SHORES, AL 36542		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: [signature] 7/13/04 251 948-6409
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #