2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE

DOCUMENT # L03 1. Entity Name SEASTONE HOMES, LLC Principal Place of Business **306 ALCAZAR AVENUE** 303 CORAL GABLES, FL 33134 2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country 6. Name and Addr SIMAN, MAURICIO J 306 ALCAZAR AVE. SUITE 303 CORAL GABLES, FL 33134 8. The above named entity submits the obligations of registered agen SIGNATURE Signature, typed or printed name Filing Fee is \$50.0 Due by May 1, 200 MAN 9. MGRM TITLE NAME MADICK DEVELO 306 ALCAZAR AVI STREET ADDRESS CORAL GABLES, CITY-ST-ZIP MGRM FRV DEVELOPME NAME STREET ADDRESS 306 ALCAZAR AV CITY-ST-ZIP CORAL GABLES, TITLE NAME STREET ADDRESS CITY - ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP I hereby certify that the informati indicated on this report is true are limited liability company or the re

FILED May 02, 2005 8:00 am Secretary of State

ADICK DEVELOPERS, INC. 16 ALCAZAR AVENUE, SUITE 303 DRAL GABLES, FL 33134 GRM RV DEVELOPMENT, LLC 16 ALCAZAR AVENUE, SUITE 303 DRAL GABLES, FL 33134 Delete	ENT # L030000	26624		<u> </u>	05-02-2005	90375	020 ****5	50.00
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Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code defentily submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept of registered agent. Sure, typed or proved when of registered agent, or both, in the State of Florida. I am familiar with, and accept of registered agent. Sure, typed or proved when of registered agent, or both, in the State of Florida. I am familiar with, and accept of registered agent, or both, in the State of Florida. I am familiar with, and accept of registered agent, or both, in the State of Florida. I am familiar with, and accept of registered agent, or both, in the State of Florida. I am familiar with, and accept on the State of Florida Department of of Florida Departme	Country	Zip	Country			\$5.00 Additional		
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CHATURE AND TYPED OF PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Destino Phone #	this report is true and accurate y company or the receiver or t	e and that my signature shall have trustee empowered to execute the	ve the same legal effect as is report as required by Ch	if made under oat hapter 608, Florida	h; that I am a mana	. I further daging men	nber or mana	ger of the