
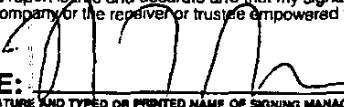


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Jun 01, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90040 038 \*\*\*\*50.00

|   |                                      |     |   |  |   |
|---|--------------------------------------|-----|---|--|---|
| <b>DOCUMENT # L03000030486</b>  |                                      |     |   |   |   |
| 1. Entity Name<br><b>NAGY SEASIDE, LLC</b>  |                                      |     |   |  |   |
| Principal Place of Business<br><b>58263 CHARLOTTE AVENUE<br/>ELKHART IN 46515</b>   |                                      |     | Mailing Address<br><b>58263 CHARLOTTE AVENUE<br/>ELKHART IN 46515</b> |  |   |
| 2. Principal Place of Business  |                                      |     | 3. Mailing Address  |  |   |
| Suite, Apt. #, etc.   |                                      |     | Suite, Apt. #, etc.   |  |   |
| City & State  |                                      |     | City & State  |  |   |
| Zip   | Country                              | Zip | Country   | 4. FEI Number<br><b>30-0248912</b>   |   |
|   |                                      |     |   | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b><br>Applied For <input type="checkbox"/> Not Applicable |   |
| 6. Name and Address of Current Registered Agent   |                                      |     |   | 7. Name and Address of New Registered Agent  |   |
| <b>NAGY, ERNEST J.</b><br><b>6520 THOMAS JEFFERSON CT.</b><br><b>NAPLES FL 34108</b>  |                                      |     |   | 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 _____ DATE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>  |                                      |     |   |  |   |
| <b>FILE NOW!!! FEE IS \$50.00</b><br><b>Make Check Payable to Florida Department of State</b><br><b>Due By May 1, 2004</b>  |                                      |     |   |  |   |
| 9. MANAGING MEMBERS/MANAGERS  |                                      |     |   | 10. ADDITIONS/CHANGES  |   |
| TITLE   | MGRM <input type="checkbox"/> Delete |     |   | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  | NAGY, THOMAS J                       |     |   | NAME   |   |
| STREET ADDRESS  | 58263 CHARLOTTE AVENUE               |     |   | STREET ADDRESS   |   |
| CITY-ST-ZIP   | ELKHART IN 46515                     |     |   | CITY-ST-ZIP  |   |
| TITLE   | <input type="checkbox"/> Delete      |     |   | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  |                                      |     |   | NAME   |   |
| STREET ADDRESS  |                                      |     |   | STREET ADDRESS   |   |
| CITY-ST-ZIP   |                                      |     |   | CITY-ST-ZIP  |   |
| TITLE   | <input type="checkbox"/> Delete      |     |   | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  |                                      |     |   | NAME   |   |
| STREET ADDRESS  |                                      |     |   | STREET ADDRESS   |   |
| CITY-ST-ZIP   |                                      |     |   | CITY-ST-ZIP  |   |
| TITLE   | <input type="checkbox"/> Delete      |     |   | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  |                                      |     |   | NAME   |   |
| STREET ADDRESS  |                                      |     |   | STREET ADDRESS   |   |
| CITY-ST-ZIP   |                                      |     |   | CITY-ST-ZIP  |   |
| TITLE   | <input type="checkbox"/> Delete      |     |   | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> 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:   |                                      |     |   | Thomas J. Nagy 4-16-04 574-262-4479  |   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   |                                      |     |   | Date Daytime Phone #   |   |