2005 LIMITED LIABILITY COMPANY

FILED ANNUAL REPORT Apr 29, 2005 08:00 AM Secretary of State DOCUMENT # L03000030486 1. Entity Name NAGY SEASIDE, LLC Principal Place of Business Mailing Address **58263 CHARLOTTE AVENUE 58263 CHARLOTTE AVENUE** ELKHART, IN 46515 ELKHART, IN 46515 01112005 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number Not Applicable 30-0218912 \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent NAGY, ERNEST J DO NOT WRITE 6520 THOMAS JEFFERSON CT. NAPLES, FL 34108 IN THIS SPACE 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 a greature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2005 9. MANAGING MEMBERS/MANAGERS TITLE MGRM NAGY, THOMAS J NAME 58263 CHARLOTTE AVENUE STREET ADDRESS CITY-5T-ZIP ELKHART, IN 46515 -U00000342187 TITLE 04/29/05-80045-n15 sn.m NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME --STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY -ST-ZIP

 I hereby certify that the indicated on this report limited liability compani 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 accurate and that my signature shall baye the same legal effect as if made under oath; that I am a managing member or manager of the every or trustee empowered to execute this report as required by Chapter 60B, Florida Statutes.

SIGNATURE

TITLE HAME STREET ADDRESS CITY-ST-ZIP

Thomas J. Nag REPRESENTATIVE NAGING MEMBER, OR AUTHORIZED

4-25-05 74<u>) &6a. 4479</u>

Daytime Phone #