

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000033764

FILED
Jul 02, 2004
Secretary of State

Entity Name: SEAHAVEN, LLC

Current Principal Place of Business:

112 E. THIRD CT.
PANAMA CITY, FL 32401 US

New Principal Place of Business:

112 EAST THIRD COURT
PANAMA CITY, FL 32401 US

Current Mailing Address:

112 E. THIRD CT.
PANAMA CITY, FL 32401 US

New Mailing Address:

PO BOX 2422
PANAMA CITY, FL 32402 US

FEI Number: 26-0085058

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BENNETT, DERRICK
112 E. THIRD CT.
PANAMA CITY, FL 32401 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: BENNETT, DERRICK
Address: 112 EAST THIRD CT.
City-St-Zip: PANAMA CITY, FL 32401 US

Title: MGRM () Delete
Name: BENNETT, NEEL
Address: 112 E. THIRD CT.
City-St-Zip: PANAMA CITY, FL 32401 US

Title: MGRM () Delete
Name: BENNETT, MIKE
Address: 112 E. THIRD CT.
City-St-Zip: PANAMA CITY, FL 32401 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: DERRICK BENNETT

MGRM

07/02/2004

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