2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

## May 19, 2004 8:00 am Secretary of State **DOCUMENT # L03000036347** 04-26-2004 90056 034 \*\*\*150.00 1. Entity Name SEASHIME, LLC Principal Place of Business Mailing Address 9300010\* 15 RIDGE BOULEVARD OCEAN RIDGE FL 33435 15 RIDGE BOULEVARD OCEAN RIDGE FL 33435 2. Principal Place of Business 3. Mailing Address Suite, Apt. #. etc. Suite, Apt. #, etc. CR2E083 (11/03) 4. FEI Number 90-0128036 City & State City & State Applied For Not Applicable Zin Country Country \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BUXTON, CATHY 15 RIDGE BOULEVARD Street Address (P.O. Box Number is Not Acceptable) **OCEAN RIDGE FL 33435** 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 arm familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstaling) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004 MANAGING MEMBERS/MANAGERS 9. ADDITIONS/CHANGES TITLE MGRM TITLE Delete Change ☐ Addition BUXTON, EDWARD H NAME STREET ADDRESS 15 RIDGE BOULEVARD STREET ADDRESS CITY-ST-ZIP OCEAN RIDGE FL 33435 CITY-ST-ZIP TITLE MGRM Delete ☐ Change Addition BUXTON, CATHY NAME NAME STREET ADDRESS 15 RIDGE BOULEVARD STREET ADDRESS CITY-ST-7IP OCEAN RIDGE FL 33435 CITY-ST-7P TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE Change Addition MALK NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ 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 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 it made under outh; 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. MMBR SIGNATURE: MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**FILED**