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2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000039690

1. Entity Name
HERNANDO SEASIDE, LLC

Principal Place of Business	Mailing Address
3209 SHOAL LINE BLVD HERNANDO BEACH, FL 34607 US	PO BOX 4417 CLEARWATER, FL 33758 US

04272005 No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
34-1991924
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

LEHMANN, JOHN W
4944 CEDARBROOK LANE
HERNANDO BEACH, FL 34607

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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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2005

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	LEHMANN, JOHN W LMP
STREET ADDRESS	4944 CEDARBROOK LANE
CITY-ST-ZIP	HERNANDO BEACH, FL 34607
TITLE	MGRM
NAME	CARROL, DOYLE A LMP
STREET ADDRESS	4944 CEDARBROOK LANE
CITY-ST-ZIP	HERNANDO BEACH, FL 34607
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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TITLE	
NAME	
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CITY-ST-ZIP	

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05/02/05-80087-014 50.00

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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: John W. Lehmann JOHN W. LEHMANN 4/26/05 352-596-2588
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #