

2004 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED

04 JUL - 9 PM 12:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L03000041342

1. Entity Name
THE INN AT SEACREST BEACH, L.L.C.



Principal Place of Business
235 SAN JUAN AVE.
SEAGROVE BEACH, FL 32459

Mailing Address
P.O. BOX 4738
SEASIDE, FL 32459



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

06222004 Chg-LLC CR2E083 (10/03)

4. FEI Number
20-0349940

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MATTHEWS, DANA C ESQ
MATTHEWS & HAWKINS, P.A.
4475 LEGENDARY DR.
DESTIN, FL 32541

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$50.00

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR
NAME BOTTEMS, RITA ☒ Delete
STREET ADDRESS 235 SAN JUAN AVE
CITY-ST-ZIP SEAGROVE BEACH, FL 32459

TITLE MGR ☒ Change ☐ Addition
NAME Seagrove Beach Properties, Inc.
STREET ADDRESS 235 San Juan Ave
CITY-ST-ZIP Seagrove Beach, FL 32459

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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 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:

Rita Bottems

6/30/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #