

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000042693

FILED  
Apr 30, 2007  
Secretary of State

Entity Name: SEASHORE DEVELOPMENT LLC

**Current Principal Place of Business:**

5250 TAMARIND RIDGE DRIVE  
NAPLES, FL 34119 US

**New Principal Place of Business:**

**Current Mailing Address:**

5250 TAMARIND RIDGE DRIVE  
NAPLES, FL 34119 US

**New Mailing Address:**

FEI Number: 20-0381707

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KAREN, CACO ESQ.  
3431 PINE RIDGE ROAD  
101  
NAPLES, FL 34109 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/MANAGERS:**

Title: MGR ( ) Delete  
Name: LARSON, THERESA A  
Address: 7235 MILL RUN CIRCLE  
City-St-Zip: NAPLES, FL 34109 US

Title: MGR ( ) Delete  
Name: RITTER, ROBERT C  
Address: 5250 TAMARIND DRIVE  
City-St-Zip: NAPLES, FL 34119 US

Title: MGR ( ) Delete  
Name: HUNT, NANCY C  
Address: 9929 CLEAR LAKE CIRCLE  
City-St-Zip: NAPLES, FL 34109 FL

Title: MGR ( ) Delete  
Name: HUNT, JOHN D  
Address: 9929 CLEAR LAKE CIRCLE  
City-St-Zip: NAPLES, FL 34109 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:

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: THERESA A. LARSON

MGR.

04/30/2007

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