2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
9/2/2004-90004-009-$50.00-$50.00
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MOORE CR2E083 (4/04)

DOCUMENT # L03000050062

1. Entity Name

SEABREEZE STUCCO REPAIR, LLC

Principal Place of Business	Mailing Address
201 ROSEMARIE LANE FT. WALTON BEACH FL 32548	201 ROSEMARIE LANE FT. WALTON BEACH FL 32548

2. Principal Place of Business	3. Mailing Address
201 Rose marie Lane	201 Rose marie Lane
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Ft. W. B Fla	City & State: Ft. W. B Fla
Zip: 32545 Country: okaloosa	Zip: 32548 Country: Okaloosa

4. FEI Number ☐ Applied For ☒ Not Applicable

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

6. Name and Address of Current Registered Agent

PORATH, SHANNON L
2441 HIGHWAY 98 EAST
SUITE 108
SANTA ROSA BEACH FL 32459

7. Name and Address of New Registered Agent

Name: Shannon L. Porath
Street Address (P.O. Box Number is Not Acceptable): 56 Spires Lane, #16A
City: Santa Rosa Beach FL Zip Code: 32459

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] 11/17/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By September 8, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	☐ Delete
NAME	TURNER, SHAWN	
STREET ADDRESS	201 ROSEMARIE LANE	
CITY-ST-ZIP	FT. WALTON BEACH FL 32548	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
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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: Shawn D. Turner 8-27-04 685-7896
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #