

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 05, 2005 8:00 am
Secretary of State

05-05-2005 90022 048 ****50.00

DOCUMENT # L03000051276	
1. Entity Name SEALES MANAGEMENT COMPANY, L.L.C.	

Principal Place of Business 11910 WHISPER CREEK RIVERVIEW, FL 33569	Mailing Address 11910 WHISPER CREEK RIVERVIEW, FL 33569
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14016856

2. Principal Place of Business 22716 NEFF CT	3. Mailing Address 22716 NEFF CT
Suite, Apt. #, etc.	Suite, Apt. #, etc.



04222005 Chg-LLC CR2E083 (10/03)

City & State LAND O LAKES FL	City & State LAND O LAKES FL
Zip 34639	Zip 34639
Country USA	Country USA

4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent SEABURY, LESLIE 11910 WHISPER CREEK RIVERVIEW, FL 33569	
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7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
22716 NEFF CT
City **LAND O LAKES** FL Zip Code **34639**

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
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Filing Fee is \$50.00 Due by May 1, 2005	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SEABURY, STEPHEN 11910 WHISPER CREEK RIVERVIEW, FL 33569 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	22716 NEFF CT LAND O LAKES FL 34639 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SEABURY, LESLIE 11910 WHISPER CREEK RIVERVIEW, FL 33569 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	22716 NEFF CT LAND O LAKES FL 34639 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <i>Leslie Seabury</i>	5/1/05	(813) 417-5201
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date	Daytime Phone #