


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 27, 2006 8:00 am**  
**Secretary of State**

04-27-2006 90016 009 \*\*\*\*50.00

<b>DOCUMENT # L03000051276</b> 1. Entity Name <b>SEALES MANAGEMENT COMPANY, L.L.C.</b>					
Principal Place of Business <b>22716 NEFF CT</b> <b>LAND O LAKES, FL 34639</b>			Mailing Address <b>22716 NEFF CT</b> <b>LAND O LAKES, FL 34639</b>		
2. Principal Place of Business <b>34705 Crusenberry Way</b> Suite, Apt. #, etc.		3. Mailing Address <b>Same</b> Suite, Apt. #, etc.			
City & State <b>Zephyrhills, FL</b>		City & State <b>Same</b>		4. FEI Number <b>200099357</b> NOT APPLICABLE	
Zip <b>33594</b> Country <b>USA</b>		Zip <b>Same</b> Country <b>Same</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>SEABURY, LESLIE</b> <b>22716 NEFF CT</b> <b>LAND O LAKES, FL 34639</b>			7. Name and Address of New Registered Agent Name <b>Seabury, Leslie</b> Street Address (P.O. Box Number is Not Acceptable) <b>34705 Crusenberry Way</b> City <b>Zephyrhills</b> <b>FL</b> Zip Code <b>33541</b>		
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 <u><i>Leslie Seabury</i></u> DATE <u><i>4/25/06</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2006</b>			<b>Make check payable to</b> <b>Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SEABURY, STEPHEN 22716 NEFF CT LAND O LAKES, FL 34639	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SEABURY, LESLIE 22713 NEFF CT LAND O LAKES, FL 34639	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SEABURY, LESLIE 22713 NEFF CT LAND O LAKES, FL 34639	<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 exemptions contained in Chapter 119, 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: <u><i>Leslie Seabury</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				Date <u><i>4/25/06</i></u> <small>Daytime Phone #</small>	