

**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000023015

**FILED**  
**Apr 27, 2006**  
**Secretary of State**

**Entity Name:** SEACOAST, LLC

**Current Principal Place of Business:**

P.O. BOX 489  
ISLAMORADA, FL 33036

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 489  
ISLAMORADA, FL 33036

**New Mailing Address:**

**FEI Number:** 20-1385019

**FEI Number Applied For** ( )

**FEI Number Not Applicable** ( )

**Certificate of Status Desired** ( )

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

SANCHEZ, ROBERTA L  
82539 OLD ROAD  
ISLAMORADA, FL 33036 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: MGRM ( ) Delete  
Name: LINDBACK, CHERYL A  
Address: P.O. BOX 489  
City-St-Zip: ISLAMORADA, FL 33036

Title: MGRM ( ) Delete  
Name: LINDBACK, CARL E III  
Address: P.O. BOX 489  
City-St-Zip: ISLAMORADA, FL 33036

**ADDITIONS/CHANGES:**

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 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: CARL LINDBACK

MGRM

04/27/2006

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