

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

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L04000034508

2005 DEC 15 PM 12: 04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L04000034508 1. Entity Name NEREID SEASHELL DESIGN, LLC		
Principal Place of Business 4607 SW 71ST AVENUE MIAMI FL 33155		Mailing Address 4607 SW 71ST AVENUE MIAMI FL 33155
2. Principal Place of Business 420 EATON ST.	3. Mailing Address 420 EATON ST.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.
City & State KEY WEST, FL		City & State KEY WEST, FL
Zip 33041	Country	Zip 33041
Country		Country
4. FEI Number <input checked="" type="checkbox"/> Applied For Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent CFRA, LLC CORPORATE CENTER THREE AT INT'L PLAZA 4221 W. BOY SCOUT BLVD, 10TH FLOOR TAMPA FL 33607-5736		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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 DATE		
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005		
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES
TITLE MGRM <input type="checkbox"/> Delete	NAME JAMIE ERONCIG	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 420 EATON ST.	CITY-ST-ZIP KEY WEST, FL 33041	NAME STREET ADDRESS CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <input type="checkbox"/> Delete	NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <input type="checkbox"/> Delete	NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <input type="checkbox"/> Delete	NAME STREET ADDRESS CITY-ST-ZIP	TITLE <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)(f), 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:		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		
Date Daytime Phone #		