

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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Apr 12, 2005 8:00 am
Secretary of State

04-12-2005 90022 035 ****55.00

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04072005 Chg-LLC CR2E083 (10/03)

DOCUMENT # L04000038250 1. Entity Name 13230 SEBASTIAN LLC					
Principal Place of Business 1986 31ST AVE, STE 110 VERO BEACH, FL 32960			Mailing Address 1986 31ST AVE, STE 110 VERO BEACH, FL 32960		
2. Principal Place of Business 13230 U.S. Highway 1 Suite, Apt. #, etc.		3. Mailing Address 13403 U.S. Highway 1 Suite, Apt. #, etc. # 8 D		4. FEI Number 65 1225247 Applied For <input type="checkbox"/> Not Applicable 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
City & State SEBASTIAN FL		City & State SEBASTIAN FL			
Zip 32958		Zip 32958			
Country USA		Country USA			
6. Name and Address of Current Registered Agent BLASI, ANDREW B ESQ 7777 GLADES RD, STE 110 BOCA RATON, FL 33434				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GARCIA, BARRY 1986 31ST AVE, STE 110 VERO BEACH, FL 32960 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	13403 U.S. Highway 1 #8D SEBASTIAN, FL 32958 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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	
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	
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	
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: <u>B. Garcia</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			4/8/05 (772) 388-3911 <small>Date Daytime Phone #</small>		