

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000041120

FILED
Jul 14, 2008
Secretary of State

Entity Name: SEACOAST PROPERTIES, LLC

Current Principal Place of Business:

227 MALAGA PLACE
PANAMA CITY, FL 32413

New Principal Place of Business:

Current Mailing Address:

8 TAYLOR ROAD
EDISON, NJ 08817

New Mailing Address:

FEI Number: 72-0642246 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

BURKE, M. TODD ESQ
215 GRAND BLVD., STE. 101
DESTIN, FL 32550 US

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: M () Delete
Name: BAGARIA, SUNIL
Address: 68 HILLS DRIVE
City-St-Zip: BELLE MEAD, NJ 08502

Title: M () Delete
Name: SODANO, VINCENT
Address: 13 CROSS BROCK LANCE
City-St-Zip: WEST CALDWELL, NJ 07006

Title: M () Delete
Name: MILLER, HOWARD
Address: 34 HIGHLAND DR
City-St-Zip: WEST CALDWELL, NJ 07006

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 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: SUNIL BAGARIA

M

07/14/2008

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