2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000053423

1. Entity Name SEGAN-HALVERSON NORTH BAY #1, LLC



FILED Jan 24, 2008 08:00 AN Secretary of State

Principal Place of Business

C/O GARY HALVERSON 300 BEACH DR NE #1004 SAINT PETERSBURG, FL 33701 Mailing Address

C/O GARY HALVERSON 300 BEACH DR NE #1004 SAINT PETERSBURG, FL 33701



DO NOT WRITE IN THIS SPACE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

01032008 No Chg-LLC CR2E083 (12/07)

4.	FEI Number 56-2551969		Applied For Not Applicable
5.	Certificate of Status Desired	\$5.00 Fee Re	Additional quired

6. Name and Address of Current Registered Agent

HALVERSON, GARY G 300 BEACH DR. NE #1004 SAINT PETERSBURG, FL 33701

the obligations of registered agent.

DO NOT WRITE IN THIS SPACE

SIGNATURE_	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE		
FILE NOWII: FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75					
9.	MANAGING MEMBERS/MANAGERS				
TITLE	MGRM				
NAME	HALVERSON, GARY G	1			
STREET ADDRESS	300 BEACH DR NE #1004	•	•		
CITY-ST-ZIP	SAINT PETERSBURG, FL 33701				
TITLE	MGRM		U00000794580		
NAME	EGAN, DIANE N	1	01/28/08-80013-018 138.75		
STREET ADDRESS	300 BEACH DR NE #1004				
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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.					

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