


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

07 SEP 13 PM 2:05

DOCUMENT # L04000053875		
1. Entity Name SEA COTTAGE, LLC		

Principal Place of Business 5957 BUCK LAKE ROAD TALLAHASSEE, FL 32317	Mailing Address <i>5547 Pedrick Plant</i> 5957 BUCK LAKE ROAD TALLAHASSEE, FL 32317
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address <i>5547 pedrick plant</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State <i>TALL FL 32317</i>
Zip	Country



09042007 Chg-LLC CR2E083 (12/06)

4. FEI Number <i>NOT APPLICABLE</i>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent <i>BURKE, M. TODD ESQ Mike Money</i> BURKE, BLUE & HUTCHINSON, P.A. 215 GRAND BOULEVARD, SUITE 101 <i>5547 Pedrick Pl</i> DESTIN, FL 32550 <i>TALL FL 32317</i>	
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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

Filing Fee is \$50.00
Due by September 14, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY ST ZIP	MGR MONEY COASTAL DEVELOPMENT CORPORATION 5957 BUCK LAKE ROAD TALLAHASSEE, FL 32317 <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
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09/13/07--01028--013 **300.00

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.

SIGNATURE: 

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

Date

Daytime Phone #