2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 11, 2006
Secretary of State

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Entity Name: SEAPORT CHANNELSIDE, LLC

Current Principal Place of Business:

777 S. HARBOUR ISLAND BLVD.
SUITE 260
TAMPA, FL 33602 US

New Principal Place of Business:

Current Mailing Address:

777 S. HARBOUR ISLAND BLVD.
SUITE 260
TAMPA, FL 33602 US

New Mailing Address:

FEI Number: 42-1639070 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WEBER, DOUGLAS E
777 S. HARBOUR ISLAND BLVD.
SUITE 260
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

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:	MGRM	( ) Delete
Name:	DIVERSIFIED ASSET DE, VELOPMENT, LLC	
Address:	777 S. HARBOUR ISLAND BLVD., SUITE 260	
City-St-Zip:	TAMPA, FL 33602 US	
Title:	MGRM	( ) Delete
Name:	INFINITY PARTNERS, L, LC	
Address:	409 SOUTH WESTLAND AVENUE	
City-St-Zip:	TAMPA, FL 33606	
Title:	MGRM	( ) Delete
Name:	DIVERSIFIED ASSET DE, SIGN	
Address:	P.O. BOX 18835	
City-St-Zip:	TAMPA, FL 33679	

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 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: DOUGLAS E. WEBER MGRM 01/11/2006

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