
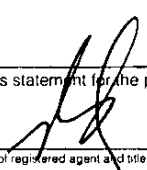
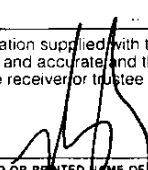


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 02, 2006 8:00 am**  
**Secretary of State**

03-02-2006 90137 035 \*\*\*\*50.00

<b>DOCUMENT # L04000057226</b>					
<b>1. Entity Name</b> SANTASEA DEVELOPMENT, LC					
<b>Principal Place of Business</b> 2033 MAIN STREET SUITE 600 SARASOTA, FL 34237			<b>Mailing Address</b> 2033 MAIN STREET SUITE 600 SARASOTA, FL 34237		
<b>2. Principal Place of Business</b> 1700 Ben Franklin Dr. Suite, Apt. #, etc. 12-D			<b>3. Mailing Address</b> PO Box 1753 Suite, Apt. #, etc.		
<b>City &amp; State</b> Sarasota FL		<b>City &amp; State</b> Lawrence KS		<b>4. FEI Number</b> 20-1776683	
<b>Zip</b> 34236		<b>Country</b> USA		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> PFLUGNER, J GEOFFREY 2033 MAIN STREET SUITE 600 SARASOTA, FL 34237				<b>7. Name and Address of New Registered Agent</b> Name: J.E. Santaularia Street Address (P.O. Box Number is Not Acceptable): 1700 Ben Franklin Dr 12-D City: Sarasota FL Zip Code: 34236	
<b>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.</b>					
SIGNATURE: 				DATE: 02/17/06	
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>				<b>Make check payable to Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SANTAUARIA, JES P. O. BOX 1753 LAWRENCE, KS 66044	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR 1700 Ben Franklin Dr. 12-D Sarasota, FL 34236	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR 	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR 	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR 	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR 	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<b>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.</b>					
<b>SIGNATURE:</b> 				DATE: 02/17/06 (785) 749-0000	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date Daytime Phone #	

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