


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Aug 18, 2006 08:00 A**  
**Secretary of State**

DOCUMENT # L04000068632


1. Entity Name  
 121 SEA OATS, LLC



Principal Place of Business  
 300 LINDEN OAKS OFFICE PARK  
 ROCHESTER, NY 14625

Mailing Address  
 300 LINDEN OAKS OFFICE PARK  
 ROCHESTER, NY 14625

**DO NOT WRITE IN THIS SPACE**



02012006 No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-1698692	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION, FL 33324

**DO NOT WRITE IN THIS SPACE**

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 *James M. Newsome* **JAMES M. NEWSOME** **Special Assistant Secretary** **8/18/06**

Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00**  
**Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SWF REALTY LLC 300 LINDEN OAKS OFFICE PARK ROCHESTER, NY 14625
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U00000574697  
 08/18/06-80003-019 50.00

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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.

SIGNATURE: *Joseph P. DiGiuseppe, Jr.* **JOSEPH P. DIGIUSEPPE, JR.** **8/15/06** **(585) 381-9660 x205**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #