


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 05, 2008 08:00 AM
Secretary of State

DOCUMENT # L04000080747 1. Entity Name TREM SEASIDE PROJECTS, LLC	
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Principal Place of Business 308 SOUTH JEFFERSON STREET PENSACOLA, FL 32502	Mailing Address 308 SOUTH JEFFERSON STREET PENSACOLA, FL 32502
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DO NOT WRITE IN THIS SPACE



05012008No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-1917244	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent MATTHEWS, EDESEL F JR 308 SOUTH JEFFERSON STREET PENSACOLA, FL 32502
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**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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LOWERY, RODGER 308 SOUTH JEFFERSON STREET PENSACOLA, FL 32502
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MATTHEWS, EDDIE 308 SOUTH JEFFERSON STREET PENSACOLA, FL 32502
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IN THIS SPACE**

U00000946867
05/30/08-80064-023 138.75

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:  Edsel F. Matthews, Jr.	5/1/08	850-432-1300
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	<small>Date</small>	<small>Daytime Phone #</small>