2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000016403

1. Entity Name
SAN SEBASTIAN HARBOR RESORT, LLC

30006818

Principal Place of Business	Mailing Address
1548 THE GREENS WAY, SUITE 3	1548 THE GREENS WAY, SUITE 3
JACKSONVILLE BEACH, FL 32250	JACKSONVILLE BEACH, FL 32250

04192007 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #

1548 The Greens Way, **Suite 6**
Jacksonville Beach, FL 32250

3. Mailing Address

1548 The Greens Way, **Suite 6**
Jacksonville Beach, FL 32250

4. FEI Number		Applied For
20-2346657		Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

MCCUE, EDWARD R JR
1548 THE GREENS WAY, SUITE 3
JACKSONVILLE BEACH, FL 32250

7 Name and Address of New Registered Agent

Na___
St— Edward R. McCue, Jr.
— 1548 The Greens Way, **Suite 6**
Jacksonville Beach, FL 32250
C

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 4/19/07
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00 **Due by May 1, 2007**		**Make check payable to** **Florida Department of State**

9.	MANAGING MEMBERS / MANAGERS		**10.**	ADDITIONS / CHANGES	
TITLE	MGRM	☐ Delete	TITLE	MGR	☐ Addition
NAME	THE DEVLIN GROUP, INC		NAME	The Devlin Group, Inc.	
STREET ADDRESS	1548 THE GREENS WY, STE 3		STREET ADDRESS	1548 The Greens Way, Ste. 6	
CITY-ST-ZIP	JACKSONVILLE BEACH, FL 32250		CITY-ST-ZIP	Jacksonville Beach, FL 32250	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: _____   4.19.07   904.543.0026
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #