## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## **DOCUMENT # L05000029898**

1. Entity Name

SEAGROVE PROPERTY HOLDING COMPANY, LLC



FILED Mar 28, 2008 08:00 Al Secretary of State

Principal Place of Business

5772 TIMUQUANA ROAD JACKSONVILLE, FL 32210 Mailing Address

5772 TIMUQUANA ROAD JACKSONVILLE, FL 32210



02212008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number		Applied For
35-2250607		Not Applicable
5. Certificate of Status Desired	\$5.00	Additional

6. Name and Address of Current Registered Agent

KENYON, MATTHEW E 5772 TIMUQUANA ROAD JACKSONVILLE, FL 32210

SIGNATURE:

## DO NOT WRITE

			是理事情的理論。
	named entity submits this statement for the purpose of chan lons of registered agent.	ging its registered office or registered agent, or both	in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstaling)	DATE
FILE After May	NOW!!! FEE IS \$138.75 1, 2008 Fee will be \$538.75	·.	U00000873214 04/10/08-80068-020 138.75
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBERS/MANAGERS  MM  KENYON, MATTHEW E MM  5772 TIMUQUANA ROAD  JACKSONVILLE, FL 32210		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE HIS SPACE
NAME STREET ADDRESS CITY-ST-ZIP	•	IN T	HIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			

11. I hereby certify that the information supplied with this filling 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.