

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000037215

**FILED**  
**Apr 09, 2010**  
**Secretary of State**

**Entity Name:** SEASIDE 50, LLC

**Current Principal Place of Business:**

761 GLEN ABBEY WAY  
MELBOURNE, FL 32940 US

**New Principal Place of Business:**

1820 LONG IRON DRIVE  
504  
ROCKLEDGE, FL 32955 US

**Current Mailing Address:**

761 GLEN ABBEY WAY  
MELBOURNE, FL 32940 US

**New Mailing Address:**

P.O. BOX 410022  
MELBOURNE, FL 32941 US

**FEI Number:** 59-3682311

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

COLEMAN, CHRISTOPHER J ESQUIRE  
1311 BEDFORD DRIVE  
MELBOURNE, FL 32940 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: MILLS, LAURA  
Address: 250 11TH STREET NE  
City-St-Zip: ATLANTA, GA 30309 US

Title: MGRM  
Name: WATSON, KATHLEEN  
Address: 1820 LONG IRON DRIVE  
City-St-Zip: ROCKLEDGE, FL 32955 US

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: KATHLEEN WATSON

MGRM

04/09/2010

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date