

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000039932

FILED
Sep 07, 2006
Secretary of State

Entity Name: SEASIDE DEVELOPERS, LLC

Current Principal Place of Business:

23 BRADLEY CT.
CRAWFORDVILLE, FL 32327

New Principal Place of Business:

Current Mailing Address:

120 FIRESTONE PT.
DULUTH, GA 30097

New Mailing Address:

FEI Number: 83-0427731 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

DYKES, JEFFERY A
23 BRADLEY CT.
CRAWFORDVILLE, FL 32327 US

Name and Address of New Registered Agent:

YONCLAS, NICHOLAS
35 ISLAND DR
SUITE 7
EASTPOINT, FL 32328 US

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: NICHOLAS YONCLAS

09/07/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: STARK, GORDON D
Address: 120 FIRESTONE PT.
City-St-Zip: DULUTH, GA 30097

Title: MGRM () Delete
Name: DYKES, JEFFERY A
Address: 23 BRADLEY CT.
City-St-Zip: CRAWFORDVILLE, FL 32327

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change () Addition
Name: DYKES, JEFFERY A
Address: 23 BRADLEY CT.
City-St-Zip: CRAWFORDVILLE, FL 32327

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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: GORDON D STARK

MGRM

09/07/2006

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