

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000043010

Entity Name: SEAGROVE HP, LLC

FILED
May 22, 2006
Secretary of State

Current Principal Place of Business:

706 E. 2ND STREET
LYNN HAVEN, FL 32444

New Principal Place of Business:

353 WILDERNESS WAY
SANTA ROSA BEACH, FL 32459

Current Mailing Address:

706 E. 2ND STREET
LYNN HAVEN, FL 32444

New Mailing Address:

353 WILDERNESS WAY
SANTA ROSA BEACH, FL 32459

FEI Number: 20-2879842 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:

HELFAND, RICHARD
706 E. 2ND STREET
LYNN HAVEN, FL 32444 US

Name and Address of New Registered Agent:

HELFAND, RICHARD
353 WILDERNESS WAY
SANTA ROSA BEACH, FL 32459 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: _____

05/22/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: HELFAND, RICHARD
Address: 706 E. 2ND STREET
City-St-Zip: LYNN HAVEN, FL 32444

Title: MGRM () Delete
Name: HELFAND, JAN
Address: 706 E. 2ND STREET
City-St-Zip: LYNN HAVEN, FL 32444

Title: MGRM () Delete
Name: POTTER, WILLIAM J
Address: 249 N. BLUE HERON DRIVE
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: MGRM () Delete
Name: POTTER, CATHERINE K
Address: 249 N. BLUE HERON DRIVE
City-St-Zip: SANTA ROSA BEACH, FL 32459

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: HELFAND, RICHARD
Address: 353 WILDERNESS WAY
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: MGRM (X) Change () Addition
Name: HELFAND, JAN
Address: 353 WILDERNESS WAY
City-St-Zip: SANTA ROSA BEACH, FL 32459

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

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

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: CATHERINE POTTER

MGRM

05/22/2006

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