

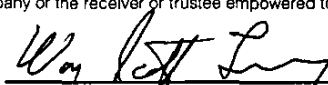


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 23, 2006 8:00 am**  
**Secretary of State**

01-23-2006 90138 017 \*\*\*\*50.00

<b>DOCUMENT # L05000050053</b> 1. Entity Name <b>SEASCAPE, LLC</b>							
Principal Place of Business <b>226 NORTH DUVAL STREET TALLAHASSEE, FL 32301</b>			Mailing Address <b>P.O. BOX 13633 TALLAHASSEE, FL 32317</b>				
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address <b>2699 Lee Rd.</b> <b>Suite 450</b>		  01122006 Chg-LLC CR2E083 (11/05)  4. FEI Number <b>20-3002854</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; padding: 2px;">Applied For</td> <td style="width:50%; padding: 2px;">Not Applicable</td> </tr> </table>		Applied For	Not Applicable
Applied For	Not Applicable						
City & State		City & State <b>Winter Park, FL</b>					
Zip <b>32789</b>	Country <b>USA</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required					
6. Name and Address of Current Registered Agent  <b>LINDSEY, WILLIAM S 1407 PIEDMONT DRIVE EAST TALLAHASSEE, FL 32308</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____							
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>					
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <b>RUDNICK, JAMES M</b> <b>P.O. BOX 13633</b> <b>TALLAHASSEE, FL 32317</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <b>BROWNING, ROBERT JR.</b> <b>2699 LEE RD., STE. 450</b> <b>WINTER PARK, FL 32789</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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.							
<b>SIGNATURE:</b> 			<b>1-18-06</b>				
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #				