

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-14-2006 90030 040 ****50.00

DOCUMENT # L05000052078

1. Entity Name
SEAVIEW TITLE COMPANY, LLC



Principal Place of Business
**3431 PINE RIDGE ROAD, SUITE 101
NAPLES, FL 34109**

Mailing Address
**3431 PINE RIDGE ROAD, SUITE 101
NAPLES, FL 34109**

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



04102006 Chg-LLC CR2E083 (11/05)

FEI Number **20-2902532**

20-2902532

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
WHITE, JOHN P 3431 PINE RIDGE ROAD, SUITE 101 PARRISH, WHITE & LAWHON, P.A. NAPLES, FL 34109		Name White, John P Street Address (P.O. Box Number is Not Acceptable) 1575 Pine Ridge Rd #10 City Naples FL Zip Code 34109	

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 _____ DATE **4-11-06**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2006	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP MGR WHITE, JOHN P 3431 PINE RIDGE ROAD, SUITE 101 NAPLES, FL 34109	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP MGR White, John P 1575 Pine Ridge Rd #10 NAPLES, FL 34109	<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
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
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
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
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.

SIGNATURE: _____ DATE **4-11-06**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

ATTACHMENT

30006413
#LOST000052078

Law Offices

WHITE & CACO.

Mission Square

**1575 Pine Ridge Road, Suite 10
Naples, Florida 34109**

John P. White
Admitted Florida & Georgia

Office 239 649-7777
Fax 239 449-4470

To: Division of Corporations

From: Ann White

Date: April 12, 2006

Delivery: _____ Mail or Fax via to:

Re: 2006 Annual Report

Enclosed please find a copy of the 2006 annual report.

Should you have any questions, please feel free to contact me.