

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000057403

Entity Name: SEASONS ONE, LLC

FILED  
May 03, 2006  
Secretary of State

## Current Principal Place of Business:

115 SW 25TH ST.  
GAINESVILLE, FL 32607

## New Principal Place of Business:

1504 BAY ROAD  
APT. 809  
MIAMI BEACH, FL 333139

## Current Mailing Address:

115 SW 25TH ST.  
GAINESVILLE, FL 32607

## New Mailing Address:

1504 BAY ROAD  
APT. 809  
MIAMI BEACH, FL 333139

FEI Number: 20-3013497      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:

NOVATT, JEFF M ESQ.  
821 FIFTH AVENUE SOUTH  
SUITE 201  
NAPLES, FL 34102 US

## Name and Address of New Registered Agent:

DEGNAN, BRIAN T  
1221 BRICKELL AVE  
MIAMI, FL 33131 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: BRIAN T. DEGNAN

05/03/2006

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES:

Title: MGR ( ) Change (X) Addition  
Name: EIRE EMPIRE HOLDINGS, , LLC  
Address: 1504 BAY ROAD APT. 809  
City-St-Zip: MIAMI BEACH, FL 33139

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: BRIAN T. DEGNAN, MGR EIRE EMPIRE HOLDINGS

MGR

05/03/2006

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