

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000059466

1. Entity Name
SEASIDE PROPERTIES OF AMELIA ISLAND, LLC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 SEP 14 AM 9:59

Principal Place of Business
2747 SEA GROVE LANE
FERNANDIAN BEACH, FL 32034 US

Mailing Address
2747 SEA GROVE LANE
FERNANDIAN BEACH, FL 32034 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

09132006 Chg-LLC CR2E083 (11/05)

City & State

City & State

4. FEI Number

Applied For
Not Applicable

Zip

Country

Zip

Country

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

NEWTON, DOUGLAS M
2745 SEA GROVE LANE
FERNANDIAN BEACH, FL 32034

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by September 15, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

MGRM
DEAN, MARK
1832 BRECKENRIDGE DR
ATLANTA, GA 30345

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Change ☐ Addition

300080002803
09/20/06--01052--016 **50.00

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

MGRM
FASANO, GARY S
2747 SEA GROVE LANE
FERNANDINA BEACH, FL 32034

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

MGRM
NEWTON, DOULAS M
2745 SEA GROVE LANE
FERNANDINA, FL 32034

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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: Douglas M Newton DOUGLAS M NEWTON

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

9/13/06

Date

904-371-2017

Daytime Phone #