2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000098406

Name:

Address:

City-St-Zip:

BANGER VENTURES INC.

GAINESVILLE, FL 32224

(1120-S) 8003 SW 5TH AVE

Entity Name: SEASIDE ENTERPRISES LLC

FILED Sep 14, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 419 NORTH THIRD STREET JACKSONVILLE, FL 32250 **Current Mailing Address: New Mailing Address:** 419 NORTH THIRD STREET JACKSONVILLE, FL 32250 FEI Number: 20-3583414 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: Name and Address of New Registered Agent: TRAVIS, ROSA M COMPTON, WILLIAM E 8003 SW 5TH AVE 419 NORTH THIRD STREET GAINESVILLE, FL 32607 JACKSONVILLE, BEACH, FL 32250 US 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: WILLIAM E. COMPTON 09/14/2006 Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGR Title: () Change () Addition () Delete TRAVIS, ROSA M Name: Name: Address: 419 NORTH THIRD STREET Address: City-St-Zip: JACKSONVILLE, FL 32250 City-St-Zip: Title: MGR () Delete Title: () Change () Addition Name: COMPTON, WILLIAM E Name: Address: 419 NORTH THIRD STREET Address: City-St-Zip: JACKSONVILLE, FL 32250 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition MATCHMAKER COASTAL R, EALTY INC. Name: Name: Address: (1120-S) 8003 SW 5TH AVE Address: City-St-Zip: GAINESVILLE, FL 32607 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: WILLIAM E. COMPTON MGR 09/14/2006