2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000098406

Entity Name: SEASIDE ENTERPRISES LLC

Current Principal Place of Business:		New Principal Place of Business:	
419 NORTH THIRD STREET JACKSONVILLE, FL 32250		320 N 1ST STREET SUITE 613 JACKSONVILLE BEACH, FL 32250	
Current Mailing Address:		New Mailing Address:	
419 NORTH THIRD STREET JACKSONVILLE, FL 32250		320 N 1ST STREET SUITE 613 JACKSONVILLE BEACH, FL 32250	
FEI Number: 20-3583414	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and Address of Current Registered Agent:		Name and Address of New Registered Agent:	
COMPTON, WILLIAM E 419 NORTH THIRD STREET JACKSONVILLE, BEACH, FL 32250 US		COMPTON, WILLIAM 320 N 1ST STREET SUITE 613	E

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: 03/09/2007 Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: Title: MGR () Delete Title: MGR (X) Change () Addition TRAVIS, ROSA M TRAVIS, ROSA M Name[.] Name: 419 NORTH THIRD STREET Address: Address: 320 N 1ST STREET, SUITE 613 City-St-Zip: JACKSONVILLE, FL 32250 City-St-Zip: JACKSONVILLE BEACH, FL 32250 (X) Change () Addition Title: MGR () Delete Title: MGR COMPTON, WILLIAM E COMPTON, WILLIAM E Name: Name: 320 N 1ST STREET, SUITE 613 Address: **419 NORTH THIRD STREET** Address: City-St-Zip: JACKSONVILLE, FL 32250 City-St-Zip: JACKSONVILLE BEACH, FL 32250 Title: MGRM () Delete Title: () Change () Addition MATCHMAKER COASTAL R, EALTY INC. Name: Name: (1120-S) 8003 SW 5TH AVE Address: Address: City-St-Zip: GAINESVILLE, FL 32607 City-St-Zip: Title: Title: MGRM () Delete MGRM (X) Change () Addition BANGER VENTURES INC., Name: Name: BANGER VENTURES INC. (1120-S) 8003 SW 5TH AVE 320 N 1ST STREET, SUITE 613 Address: Address: GAINESVILLE, FL 32224 City-St-Zip: City-St-Zip: JACKSONVILLE BEACH, FL 32250

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: WILLIAM E. COMPTON		Р	03/09/2007
	Electronic Signature of Signing Managing Member,	Manager, or Authorized Representative / Date	

SUITE 613 JACKSONVILLE BEACH, FL 32250 US