

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 17, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L05000102826</b> 1. Entity Name <b>SEASIDE MOBILE MARINE, LLC</b>	
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Principal Place of Business <b>8424 CYPRESS LAKES CIRCLE SARASOTA, FL 34243</b>	Mailing Address <b>8424 CYPRESS LAKES CIRCLE SARASOTA, FL 34243</b>
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**DO NOT WRITE IN THIS SPACE**



04022007No Chg-LLC CR2E083 (11/05)

4. FEI Number <b>81-0679839</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**DAVIS, CYNTHIA  
8424 CYPRESS LAKES CIRCLE  
SARASOTA, FL 34243**

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IN THIS SPACE**

**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 May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DAVIS, CYNTHIA 8424 CYPRESS LAKES CIRCLE SARASOTA, FL 34243
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DAVIS, MICHAEL T 8424 CYPRESS LAKES CIRCLE SARASOTA, FL 34243
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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U00000713042  
04/26/07-80075-004 50.00

**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:** *Cynthia Davis* 4/19/07  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #