

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 10, 2006 8:00 am
Secretary of State

04-18-2006 90006 029 ****50.00

DOCUMENT # L05000110004

1. Entity Name

SEASCAPE CUSTOM PAINTING, LLC



Principal Place of Business

1110 N. FERDON BLVD
 UNIT GS02
 CRESTVIEW FL 32536

Mailing Address

P.O. BOX 1021
 DESTIN FL 32540

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

16-1753613

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

1st MOORE CR2E083 (10/05)



6. Name and Address of Current Registered Agent

LARSEN, CORA P
 775 GULF SHORE DRIVE
 UNIT 2041
 DESTIN FL 32541

7. Name and Address of New Registered Agent

Name LARSEN, CORA P

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

98 ENCHANTED WAY

City SANTA ROSA BEACH FL Zip Code 32459

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

CORA P. LARSEN MGR

Cora P. Larsen

April 10, 2006

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

(NOTE: Registered Agent signature required when forming.)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR Delete
 NAME LARSEN, CORA P
 STREET ADDRESS 775 GULF SHORE DR UNIT 2041
 CITY-ST-ZIP DESTIN FL 32541

TITLE MGR Change Addition
 NAME Larsen, Cora P
 STREET ADDRESS 98 Enchanted Way
 CITY-ST-ZIP Santa Rosa Beach Florida 32459

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
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TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Cora P. Larsen

Cora P. Larsen

April 10 2006 (850) 543-4100

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

Date

Display Phone #