

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 11, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000118405

1. Entity Name
SEASCAPE PROPERTIES, LLC



Principal Place of Business
1597 MASTERPIECE WAY
DELAND, FL 32724

Mailing Address
1597 MASTERPIECE WAY
DELAND, FL 32724



02062008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-3917009	Applied For Not Applicable
5. Certificate of Status Desired ☒ 0	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

FITZSIMMONS, JEFFREY R
2446 NW 13TH PLACE
GAINESVILLE, FL 32724

**DO NOT WRITE
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 _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	FITZSIMMONS, ROBERT J
STREET ADDRESS	1597 MASTERPIECE WAY
CITY-ST-ZIP	DELAND, FL 32724
TITLE	MGR
NAME	FITZSIMMONS, JEFFREY R
STREET ADDRESS	2446 NW 13TH PLACE
CITY-ST-ZIP	GAINESVILLE, FL 32605
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/20/08-80090-024-143.75

**DO NOT WRITE
IN THIS SPACE**

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: _____

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

Date

Daytime Phone #

Robert Fitzsimmons

2/7/08

386.804.9013