

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000007984

Entity Name: SEASIDE FAMILY PHARMACY, LLC

FILED
Jan 05, 2007
Secretary of State

Current Principal Place of Business:

4112 CREEKBLUFF DRIVE
ST. AUGUSTINE, FL 32086

New Principal Place of Business:

4075 A1A SOUTH, SUITE 102
ST. AUGUSTINE, FL 32080

Current Mailing Address:

4112 CREEKBLUFF DRIVE
ST. AUGUSTINE, FL 32086

New Mailing Address:

4075 A1A SOUTH, SUITE 102
ST. AUGUSTINE, FL 32080

FEI Number: 03-0579462

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCCARTY, ANTHONY OBIE
4112 CREEKBLUFF DRIVE
ST. AUGUSTINE, FL 32086 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MCCARTY, ANTHONY OBIE
Address: 4112 CREEKBLUFF DRIVE
City-St-Zip: ST. AUGUSTINE, FL 32086

Title: MGR () Delete
Name: MCCARTY, DELAINE P
Address: 4112 CREEKBLUFF DRIVE
City-St-Zip: ST. AUGUSTINE, FL 32086

Title: MGR () Delete
Name: BLANCO, RYAN
Address: 117 BONITA DRIVE
City-St-Zip: ST. AUGUSTINE, FL 32086

Title: MGR () Delete
Name: DOMPE, LYNN
Address: 301 REDWING LANE
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: PENNINGTON, JAMES DENNIS
Address: 4075 A1A SOUTH, SUITE 102
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR () Change (X) Addition
Name: MCCARTY, ANTHONY OBIE
Address: 4112 CREEKBLUFF DRIVE
City-St-Zip: ST. AUGUSTINE, FL 32086

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: ANTHONY OBIE MCCARTY

MGR

01/05/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date