

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 14, 2007 8:00 am**  
**Secretary of State**

05-14-2007 90362 020 \*\*\*\*50.00

**DOCUMENT # L06000039860**

1. Entity Name  
**SEA ISLE LAND HOLDING, LLC**



Principal Place of Business  
**3201 STATE ROAD 84  
FORT LAUDERDALE, FL 33312**

Mailing Address  
**3201 STATE ROAD 84  
FORT LAUDERDALE, FL 33312**

4011000

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01112007 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number  
**65-6214291**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WEISMAN, DAVID  
100 WEST CYPRESS CREEK ROAD, SUITE 700  
FORT LAUDERDALE, FL 33309**

Name **Sharon Roscioli**

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

**3201 State Road 84**

City

**Fort Lauderdale**

FL

Zip Code

**33312**

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 *Sharon Roscioli*  
Signature, typed or printed name of registered agent and title if applicable.

**Sharon Roscioli**

**04/30/07**

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2007**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGRM** ☐ Delete  
NAME **ROSCIOLI, ROBERT**  
STREET ADDRESS **3201 STATE ROAD 84**  
CITY-ST-ZIP **FORT LAUDERDALE, FL 33312**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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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 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: *Sharon Roscioli*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**Sharon Roscioli** **04/30/07**

**(954) 581-9200**

Date

Daytime Phone #