

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000105151

FILED  
Jan 11, 2007  
Secretary of State

Entity Name: SEASIDE CAPITAL MANAGEMENT, LLC

**Current Principal Place of Business:**

750 OCEAN ROYALE WAY, STE. 805  
JUNO BEACH, FL 33408

**New Principal Place of Business:**

750 OCEAN ROYALE WAY  
SUITE 805  
JUNO BEACH, FL 33408

**Current Mailing Address:**

% WILLIAM J. RITGER  
750 OCEAN ROYALE WAY, STE. 805  
JUNO BEACH, FL 33408

**New Mailing Address:**

FEI Number: 20-5766485      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

RITGER, WILLIAM J  
750 OCEAN ROYALE WAY, STE. 805  
JUNO BEACH, FL 33408      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: MGRM ( ) Delete  
Name: RITGER, WILLIAM J  
Address: 750 OCEAN ROYALE WAY, STE. 805  
City-St-Zip: JUNO BEACH, FL 33408

Title: MGRM ( ) Delete  
Name: O'DONNELL, DENIS M.D.  
Address: 5 WESTGATE ROAD  
City-St-Zip: WINCHESTER, MA 01890

**ADDITIONS/CHANGES:**

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

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

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: WILLIAM J RITGER

MGMR

01/11/2007

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