2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000113767

Entity Name: DAVE AND GERI SEASIDE, L.L.C.

Current Principal Place of Business:	**New Principal Place of Business:**
4153 S. ATLANTIC AVE. NEW SMYRNA BEACH, FL 32169	4153 S. ATLANTIC AVE. #204 NEW SMYRNA BEACH, FL 32169

Current Mailing Address:	**New Mailing Address:**
48676 PINEHILL DR PLYMOUTH, MI 48170	

FEI Number:	FEI Number Applied For ( )	FEI Number Not Applicable (X)	Certificate of Status Desired ( )

Name and Address of Current Registered Agent:	**Name and Address of New Registered Agent:**
ALDRICH, GERALDINE A TRUSTEE 4153 S. ATLANTIC AVE. NEW SMYRNA BEACH, FL 32169 US	ALDRICH, GERALDINE A TRUSTEE 4153 S. ATLANTIC AVE. #204 NEW SMYRNA BEACH, FL 32169 US

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: _____   03/22/2009
             Electronic Signature of Registered Agent   Date

MANAGING MEMBERS/MANAGERS:

Title:	MGR ( ) Delete	Title:		( ) Change ( ) Addition
Name:	ALDRICH, GERALDINE A	Name:		
Address:	4153 S. ATLANTIC AVE. #204	Address:		
City-St-Zip:	NEW SMYRNA BEACH, FL 32169	City-St-Zip:		

ADDITIONS/CHANGES:

Title:	MGR ( ) Delete	Title:	MGR (X) Change ( ) Addition
Name:	ALDRICH, DAVID A	Name:	ALDRICH, DAVID A
Address:	4155 SOUTH ATLANTIC AVE SUITE 206	Address:	4155 SOUTH ATLANTIC AVE SUITE #204
City-St-Zip:	NEW SMYRNA BEACH, FL 32169	City-St-Zip:	NEW SMYRNA BEACH, FL 32169

I hereby certify that the information supplied with this filing does not qualify 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: DAVID A ALDRICH   MGR   03/22/2009
_____
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date