

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 MAY 16 AM 8:35

DOCUMENT # L06000120899

1. Entity Name
SEA COLONY OCEAN FRONT LOTS, LLC



Principal Place of Business
432 OSCEOLA DRIVE
JACKSONVILLE BEACH, FL 32250

Mailing Address
432 OSCEOLA DRIVE
JACKSONVILLE BEACH, FL 32250



01082008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-8072949

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MCGARVEY, JAMES N JR
432 OSCEOLA DRIVE
JACKSONVILLE BEACH, FL 32250

**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**

200129051372
05/12/08--01053--009 **163.75

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME ST. AUGUSTINE SEA COLONY, LTD.
STREET ADDRESS 432 OSCEOLA DRIVE
CITY-ST-ZIP JACKSONVILLE BEACH, FL 32250

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CITY-ST-ZIP

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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

4-23-08 4-23-08

Date

Daytime Phone #