

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000121413

Entity Name: SEASIDE RANCH, LLC

FILED  
Mar 19, 2009  
Secretary of State

**Current Principal Place of Business:**

14000 S. MILITARY TRAIL  
SUITE 205  
DELRAY BEACH, FL 33484 US

**Current Mailing Address:**

14000 S. MILITARY TRAIL  
SUITE 205  
DELRAY BEACH, FL 33484 US

FEI Number: 20-8081855

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**New Principal Place of Business:**

14000 S. MILITARY TRAIL  
SUITE 112  
DELRAY BEACH, FL 33484 US

**New Mailing Address:**

14000 S. MILITARY TRAIL  
SUITE 112  
DELRAY BEACH, FL 33484 US

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

YOMTOB, BEN  
14000 S. MILITARY TRAIL  
SUITE 205  
DELRAY BEACH, FL 33484 US

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

YOMTOB, BEN  
14000 S. MILITARY TRAIL  
SUITE 112  
DELRAY BEACH, FL 33484 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: BEN YOMTOB

03/19/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: YOMTOB, BEN  
Address: 14000 S. MILITARY TRAIL, SUITE 205  
City-St-Zip: DELRAY BEACH, FL 33484 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: YOMTOB, BEN  
Address: 14000 S. MILITARY TRAIL, SUITE 112  
City-St-Zip: DELRAY BEACH, FL 33484 US

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: BEN YOMTOB

MBMR

03/19/2009

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