

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000023970

Entity Name: SEASIDE HOMES LLC

FILED  
Apr 10, 2008  
Secretary of State

**Current Principal Place of Business:**

2220 SW GABLES AVE  
PORT ST LUCIE, FL 34953

**New Principal Place of Business:**

**Current Mailing Address:**

2220 SW GABLES AVE  
PORT ST LUCIE, FL 34953

**New Mailing Address:**

FEI Number: 20-8558456

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MASTERS, TODD J  
2220 SW GABLES AVE  
PORT ST LUCIE, FL 34953 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: MGR ( ) Delete  
Name: MASTERS, TODD J  
Address: 2220 SW GABLES AVE  
City-St-Zip: PORT ST LUCIE, FL 34953

Title: VP ( ) Delete  
Name: CHITTY, GEORGE WAYNE  
Address: 814 SW ABBOT AVENUE  
City-St-Zip: PORT ST LUCIE, FL 34952

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

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

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

Title: SEC. ( ) Change (X) Addition  
Name: SCHELLER, BRYAN SECR.T.  
Address: 3200 SE QUAY ST.  
City-St-Zip: PORT ST.LUCIE, FL 34984

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: TODD J. MASTERS

MGR

04/10/2008

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