

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000023970

Entity Name: SEASIDE HOMES LLC

FILED
Apr 20, 2009
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: SEC. (X) Delete
Name: SCHELLER, BRYAN SECR.
Address: 3200 SE QUAY ST.
City-St-Zip: PORT ST LUCIE, FL 34984

ADDITIONS/CHANGES:

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

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 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

04/20/2009

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