


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jul 19, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # L98000001859  
 1. Entity Name  
 SEASIDE AT FISHER ISLAND, LLC



Principal Place of Business: 7653 FISHER ISLAND DRIVE, FISHER ISLAND, FL  
 Mailing Address: 7653 FISHER ISLAND DRIVE, FISHER ISLAND, FL

**DO NOT WRITE IN THIS SPACE**



07132005 No Chg-LLC CR2E083 (10/03)

4. FEI Number: NOT APPLICABLE  
 Applied For: Not Applicable

5. Certificate of Status Desired:  \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
 NEFF, JAMES K  
 7653 FISHER ISLAND DRIVE  
 FISHER ISLAND, FL

**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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00 Due by September 7, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	NEFF, JAMES K
STREET ADDRESS	7653 FISHER ISLAND DRIVE
CITY-ST-ZIP	FISHER ISLAND, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: James K Neff Date: 7/14/05 Daytime Phone #: 203 847 6000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE