

**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



07132005 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. MANAGING MEMBERS/MANAGERS

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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07/19/05-80003-025 50.00

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

7/14/05

203 847 6000