

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M09000003634

**FILED**  
**Apr 22, 2010**  
**Secretary of State**

**Entity Name:** SEAPORT CHANNELSIDE II, LLC

**Current Principal Place of Business:**

1120 E. TWIGGS STREET, SUITE 107  
TAMPA, FL 33602

**New Principal Place of Business:**

**Current Mailing Address:**

1120 E. TWIGGS STREET, SUITE 107  
TAMPA, FL 33602

**New Mailing Address:**

**FEI Number:** 27-0845614

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SCHLOSSER, RICHARD A  
BRICKLEMYER SMOLKER & BOLVES, P.A.  
500 E. KENNEDY BLVD., SUITE 200  
TAMPA, FL 33602 US

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

DEMARCA, MICHAEL  
1120 E. TWIGGS ST.  
SUITE 107  
TAMPA, FL 33602 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: MICHAEL DEMARCA

04/22/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: DEMARCA, MICHAEL C  
Address: 1120 E. TWIGGS STREET, SUITE 107  
City-St-Zip: TAMPA, FL 33602

Title: MGR  
Name: WEBER, DOUGLAS E  
Address: 1120 E. TWIGGS STREET, SUITE 107  
City-St-Zip: TAMPA, FL 33602

Title: MGR  
Name: DEMARCA, DAVID J  
Address: 1120 E. TWIGGS STREET, SUITE 107  
City-St-Zip: TAMPA, FL 33602

I hereby 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: MICHAEL DEMARCA

MGR

04/22/2010

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