

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000033738

FILED  
Apr 30, 2008  
Secretary of State

Entity Name: SEAWARD, LLC

## Current Principal Place of Business:

2900 SW 28TH TERRACE  
PENTHOUSE  
MIAMI, FL 33133 US

## New Principal Place of Business:

C/O WEISENFELD & ASSOC 1901 BRICKELL AVEN  
SUITE B202  
MIAMI, FL 33129 US

## Current Mailing Address:

2900 SW 28TH TERRACE  
PENTHOUSE  
MIAMI, FL 33133 US

## New Mailing Address:

C/O WEISENFELD & ASSOC 1901 BRICKELL AVEN  
SUITE B202  
MIAMI, FL 33129 US

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WEISENFELD, JOSEPH J  
2900 SW 28TH TERRACE  
PENTHOUSE  
MIAMI, FL 33133 US

## Name and Address of New Registered Agent:

WEISENFELD, JOSEPH J  
1901 BRICKELL AVENUE  
SUITE B202  
MIAMI, FL 33129 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:

04/30/2008

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: WEISENFELD, JOSEPH J  
Address: 2900 SW 28TH TERRACE, PENTHOUSE  
City-St-Zip: MIAMI, FL 33133 US

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: WEISENFELD, JOSEPH J  
Address: 1901 BRICKELL AVENUE, SUITE B202  
City-St-Zip: MIAMI, FL 33129 US

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: JOSEPH J. WEISENFELD

MGR

04/30/2008

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