

FROM :

FHX NO. :


FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90064 037 ****50.00

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L03000032724

1. Entity Name
SEA CENTER, LLC



Principal Place of Business Mailing Address
29740 OVERSEAS HIGHWAY **POST OFFICE BOX 430520**
BIG PINE, FL 33043 **BIG PINE KEY, FL 33043**

20040714



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Zip Country

04252008 Chg-LLC CR2E083 (11/05)

4. FCI Number Applied Fee
02-0704-3 Not Applicable

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

6. Name and Address of Current Registered Agent

GLADWELL, JAY
20168 CACTUS LANE
BIG PINE KEY, FL 33043

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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, hand or printed name of registered agent (if not applicable) (NOTE: Registered Agent signature required when registering) DATE

Filing Fee is \$50.00
Due by May 1, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGRM BIG PINE KEY FISHING LODGE, INC. MARKER 33 OVERSEAS HIGHWAY BIG PINE KEY, FL 33043 <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

11. I hereby certify that the information supplied is true and correct, and that the information contained in Chapter 605, Florida Statutes, further certifies that the information indicated on this report is true and accurate. The signature shall be the name of the person who signed it as if made in person by that person as a managing member or manager of the limited liability company or the receiver of the corporation, and the report is prepared on or after 605, Florida Statutes.

SIGNATURE: *Jean D. Gladwell* Date: **4-26-06** Office Phone: **305 872-2243**