


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

05-01-2006 90033 032 ****50.00

DOCUMENT # L05000047086

1. Entity Name
SEA LION HOLDINGS, LLC



Principal Place of Business
**525 N. TRYON STREET, SUITE 1700
 CHARLOTTE, NC 28202**

Mailing Address
**525 N. TRYON STREET, SUITE 1700
 CHARLOTTE, NC 28202**

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



04202006 Chg-LLC CR2E083 (11/05)

6. Name and Address of Current Registered Agent

VICKAR, L. KERRY
353 OLD JUPITER BEACH ROAD
JUPITER, FL 33477

4. FEI Number
20-2825198

Applied For
 Not Applicable

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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS/CHANGES

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CFO / MGR
STREET ADDRESS	JEFF GIFFORD
CITY-ST-ZIP	525 N. TRYON ST STE 1700
	CHARLOTTE, NC 28202

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date **4/20/2006** Daytime Phone # **704-331-6580**