


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 30, 2008 8:00 am**  
**Secretary of State**

04-30-2008 90025 009 \*\*\*143.75

**DOCUMENT # M04000005437**

1. Entity Name  
**SEACOR PAYROLL MANAGEMENT LLC**



Principal Place of Business  
**1220 N. MARKET ST.  
 SUITE 804  
 WILMINGTON, DE 19801**

Mailing Address  
~~1220 N. MARKET ST.  
 SUITE 804  
 WILMINGTON, DE 19801~~

**50005392**



2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
**2200 Eller Drive**  
 Suite, Apt. #, etc.  
**PO BOX 13038**

04232008 Chg-LLC CR2E083 (12/06)

City & State  
**Fort Lauderdale, FL 33316**

Zip Country Zip Country

4. FEI Number  
**20-1587454**

Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**FLORIDA FILING & SEARCH SERVICES, INC.  
 155 OFFICE PLAZA DR.  
 SUITE A  
 TALLAHASSEE, FL 32301**

**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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>	<b>Make check payable to Florida Department of State</b>
---	--

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D RYAN, RICHARD J 2200 ELLER DRIVE FORT LAUDERDALE, FL 33316 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD GRAN, ALICE N 2200 ELLER DRIVE FORT LAUDERDALE, FL 33316 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FABRIKANT, CHARLES 2200 ELLER DRIVE FORT LAUDERDALE, FL 33316 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D FAGERSTAL, DICK 2200 ELLER DRIVE FORT LAUDERDALE, FL 33316 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS FINCH, STEPHEN B 2200 ELLER DRIVE FORT LAUDERDALE, FL 33316 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

**10. ADDITIONS/CHANGES**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Matthew Cenac 2200 Eller Drive Fort Lauderdale, FL 33316

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:** STEPHEN B. FINCH *S B Finch* **4-25-08** **(954) 523-2200**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #