

APR-12-06 WED 12:11 PM

FAX NO.

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90038 024 ****50.00

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L05000035618

1. Entity Name
SEAHORSE MARINE, LLC



Principal Place of Business
315 N.E. THIRD AVENUE, SUITE 200
FT. LAUDERDALE, FL 33301

Mailing Address
315 N.E. THIRD AVENUE, SUITE 200
FT. LAUDERDALE, FL 33301

2. Principal Place of Business
P.O. Box 801511

3. Mailing Address
P.O. Box 801511



03272006 Chg-LLC CR2E083 (11/05)

City & State
Aventura, FL

City & State
Aventura, FL

4. FEI Number
 Applied For
 Not Applicable

Zip 33180 Country USA

Zip 33180 Country USA

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

6. Name and Address of Current Registered Agent
MORGAN, WALTER L
315 N.E. THIRD AVENUE, SUITE 200
FT. LAUDERDALE, FL 33301

7. Name and Address of New Registered Agent
Name: Irene Bartram
Street Address (P.O. Box Number is Not Acceptable):
c/o Spencer Bartram
2555 Collins Ave., #1708
City: Miami Beach FL Zip Code: 33180

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 Irene S. Bartram Irene S. Bartram 4/12/06
Signature typed or printed name of registered agent (not for filer) (NOTE: Registered Agent signature required when re-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 NAME STREET ADDRESS CITY-ST-ZIP	MGRM BARTRAM, IRENE S 3601 N.E. 207TH STREET AVENTURA, FL 33180 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2555 Collins Ave., #1708 Miami Beach, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 authorized to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE Irene S. Bartram Irene S. Bartram, MGRM 4/12/06 612-801-1700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #