2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 31, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000092620

1. Entity Name
608 SEA OATS LLC

Principal Place of Business	Mailing Address
802 FAR HILLS ROAD NEW FREEDOM, PA 17349 US	802 FAR HILLS ROAD NEW FREEDOM, PA 17349 US

DO NOT WRITE IN THIS SPACE

02152008 No Chg-LLC CR2E083 (12/07)

4. FEI Number
20-3507858
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
2731 EXECUTIVE PARK
SUITE 4
WESTON, FL 33331

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

U00000074599
04/10/08-80125-011 138.75

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	POLAKOFF, PHILLIP M
STREET ADDRESS	802 FAR HILLS DRIVE
CITY-ST-ZIP	NEW FREEDOM, PA 17349
TITLE	MGRM
NAME	POLAKOFF, SAMUEL R
STREET ADDRESS	802 FAR HILLS DRIVE
CITY-ST-ZIP	NEW FREEDOM, PA 17349
TITLE	CFO
NAME	PRAKKE, PAM
STREET ADDRESS	802 FAR HILLS DRIVE
CITY-ST-ZIP	NEW FREEDOM, PA 17349
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: P.M. Polakoff Phillip M. Polakoff, Managing Member 3/18/08 717-227-5000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #