


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 18, 2005 08:00 AM
Secretary of State

DOCUMENT # L00000000320 1. Entity Name SEAGREEN INTERNATIONAL, LLC	
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Principal Place of Business 55 EAST OCEAN BLVD. STUART, FL 34994	Mailing Address 55 EAST OCEAN BLVD. STUART, FL 34994
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DO NOT WRITE IN THIS SPACE



02082005No Chg-LLC CR2E083 (10/03)

4. FEI Number 65-0984186	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent GUY, WILLIAM E JR. 55 EAST OCEAN BLVD. STUART, FL 34994	DO NOT WRITE IN THIS SPACE
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BURDICK, G.N. 450 S.W. SALERNO RD STUART, FL 34997
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM EVANS, PAUL 21 WATERGATE STREET ENGLAND SY12 0EX,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM GUY, WILLIAM E JR. 55 EAST OCEAN BLVD. STUART, FL 34994
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02/18/05-80037-001 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 60B, Florida Statutes.

SIGNATURE:  W.E. GUY, JR. 2/18/05	Date	Daytime Phone #
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		