

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90064 025 ****50.00

DOCUMENT # L00000001054

1. Entity Name
CEA SEAPORT INVESTORS, LLC



Principal Place of Business
101 EAST KENNEDY BLVD., STE. 3300
TAMPA, FL 33602

Mailing Address
101 EAST KENNEDY BLVD., STE. 3300
TAMPA, FL 33602



04262004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3620594

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

JUNG, MING G
101 EAST KENNEDY BLVD., STE. 3300
TAMPA, FL 33602

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IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	CARDY, TOM
STREET ADDRESS	101 E KENNEDY BLVD., SUITE 3300
CITY-ST-ZIP	TAMPA, FL 33602
TITLE	MGR
NAME	JUNG, MING
STREET ADDRESS	101 E KENNEDY BLVD., SUITE 3300
CITY-ST-ZIP	TAMPA, FL 33602
TITLE	MGR
NAME	HORWITZ, ANGELA L
STREET ADDRESS	101 EAST KENNEDY BOULEVARD, SUITE 3300
CITY-ST-ZIP	TAMPA, FL 33602
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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)(i), 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: Angela L Horwitz Angela L. Horwitz 4/26/04 (813) 226-8844

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #