

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2006 08:00 AM
Secretary of State

DOCUMENT # L00000001076	
1. Entity Name CEA SEAPORT HOLDINGS, 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
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DO NOT WRITE IN THIS SPACE



04262006No Chg-LLC

CR2E083 (11/05)

4. FEI Number 59-3620599	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent, and title if applicable

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CEA GLOBAL PARTNERS, LLC 101 EAST KENNEDY BLVD., STE. 3300 TAMPA, FL 33602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JUNG, MING 101 EAST KENNEDY BLVD., STE. 3300 TAMPA, FL 33602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HORWITZ, ANGELA L 101 EAST KENNEDY BLVD., STE. 3300 TAMPA, FL 33602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MICHAELS, J. PATRICK JR. 101 EAST KENNEDY BLVD., STE. 3300 TAMPA, FL 33602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000005416E3
05/10/06-80063-023 50.00

**DO NOT WRITE
IN THIS SPACE**

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 606, Florida Statutes.

SIGNATURE: Angela Horwitz Angela Horwitz 4/24/06 (813) 226-8844
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Office Phone #