


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

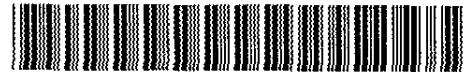
FILED
Mar 10, 2004 08:00 AM
Secretary of State

DOCUMENT # L00000008103	
1. Entity Name SEA DECK HOLDINGS, L.L.C.	

Principal Place of Business 6990 S.W. 69TH AVENUE MIAMI FL 33143	Mailing Address 1111 BRICKELL AVE STE. 2920 MIAMI FL 33131
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. # etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country



MOORE CR2E083 (11/03)

4. FEI Number 65-1025138	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent FAWKES, MARY 1111 BRICKELL AVE STE. 2920 MIAMI FL 33131
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7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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 *Mary E Fawkes* **DATE** 3/3/04
Signature, typed or printed name of registered agent and file it applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM KATCHER, JONATHAN 6990 S.W. 69TH AVENUE MIAMI FL 33143 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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L000000083810
03/10/04-80053-023 50.00

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: *Mary E Fawkes* **DATE** 3/3/04 **Daytime Phone** 305/376-2445
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE