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2003 AUG 19 AM 9:49

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000011106

1. Entity Name
SEABOARD TRANSPORTATION L.L.C.

Principal Place of Business	Mailing Address
2500 EAST TAMARIND AVENUE WEST PALM BEACH, FL 33401	972 SPRINGDALE COURT PALM SPRINGS, FL 33461

2. Principal Place of Business	3. Mailing Address
5813 GEORGIA AVE	5813 GEORGIA AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: WEST PALM BEACH, FL	City & State: West Palm Bch, FL
Zip: 33405 Country: USA	Zip: 33405 Country: USA

☑ CHECK HERE IF MAKING CHANGES

4. FEI Number: 65-1039374 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DAVID LEE OWENS 972 SPRINGDALE COURT PALM SPRINGS, FL 33461	Name: JOSE JULIO HERNANDEZ Street Address (P.O. Box Number is Not Acceptable) 616 WRIGHT DRIVE City: LAKE WORTH FL Zip Code: 33461

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: Jose Julio Hernandez JOSE JULIO HERNANDEZ MANAGER 7/10/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating) DATE

FILING FEE IS $50.00
Make Check Payable to Florida Department of State
Due by May 1, 2003

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM DAVID LEE OWENS 972 SPRINGDALE CT. PALM SPRINGS, FL 33461 ☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MANAGER JOSE JULIO HERNANDEZ 616 WRIGHT DRIVE LAKE WORTH, FL ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	08/19/03--01004--005 **50.00 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	000022985170 08/19/03--01004--005 **50.00 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: Jose Julio Hernandez JOSE JULIO HERNANDEZ 7/10/03 561-588-8988
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE. Date Daytime Phone #

COR2E063 (10/02)