

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000011156

Entity Name: SEA PEEPER AMERICA, LLC

FILED  
Apr 29, 2005  
Secretary of State

**Current Principal Place of Business:**

PO BOX 191101  
MIAMI BEACH, FL 331199978

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 191101  
MIAMI BEACH, FL 331199978

**New Mailing Address:**

FEI Number: 65-1039900

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KWARTIN, STEVEN M  
1743 MICHIGAN AVENUE, #3  
MIAMI BEACH, FL 33139 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRD ( ) Delete  
Name: WASTE INVESTMENTS, I, NC.  
Address: PO BOX 191101  
City-St-Zip: MIAMI BEACH, FL 331199978

Title: D (X) Delete  
Name: GARDERSSON, MAGNUS  
Address: 2321 SW 60TH WAY  
City-St-Zip: MIRAMAR, FL 33023

Title: D ( ) Delete  
Name: TOV MEOD, INC,  
Address: 4747 HOLLYWOOD BLVD STE 186  
City-St-Zip: HOLLYWOOD, FL 33021

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: STEVEN KWARTIN

MGR

04/29/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date