

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)


FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90578 021 ****50.00

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DOCUMENT # L00000015836

1. Entity Name
SOUTH SEAS, L.L.C.



Principal Place of Business Mailing Address

**2545 SOUTH ATLANTIC AVE.
 PENTHOUSE 5
 DAYTONA BEACH SHORES FL 32118**

**2545 SOUTH ATLANTIC AVE.
 PENTHOUSE 5
 DAYTONA BEACH SHORES FL 32118**

2. Principal Place of Business 3. Mailing Address

1193 CHESSINGTON CIRCLE **1193 CHESSINGTON CIRCLE**


Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

HEATHROW, FLORIDA **HEATHROW, FLORIDA**

Zip Country Zip Country

32746 **SEMINOLE** **32746** **SEMINOLE**



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3701610** Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00** Additional
 Fee Required

6. Name and Address of Current Registered Agent

**BRUCE, DEREK E
 301 EAST PINE ST., #1400
 ORLANDO FL 32801**

7. Name and Address of New Registered Agent

Name **WILLIAM A. EADIE**

Street Address (P.O. Box Number is Not Acceptable)
1193 CHESSINGTON CIRCLE

City **HEATHROW** FL Zip Code **32746**

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 *William A. Eadie* DATE **April 29, 2003**

Signature, typed or printed name of registered agent and title if 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, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE NAME	MGR EADIE, WILLIAM A	<input type="checkbox"/> Delete
STREET ADDRESS	2545 SOUTH ATLANTIC AVE., PENTHOUSE 5	
CITY-ST-ZIP	DAYTONA BEACH SHORES FL 32118	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE NAME	MGR WILLIAM A. EADIE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1193 CHESSINGTON CIRCLE	
CITY-ST-ZIP	HEATHROW, FL 32746	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

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: *William A. Eadie* DATE: **4/29/03** DAYTIME PHONE #: **(407) 833-8206**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)