


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2005 08:00 AM**  
**Secretary of State**

|   |   |
|---|---|
| <b>DOCUMENT # L01000003735</b><br>1. Entity Name<br><b>SEATEN PROPERTIES INTERNATIONAL, LLC</b> |  |
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|--|--|
| Principal Place of Business<br><b>2150 S. OCEAN BLVD., 4-E<br/>DELRAY BEACH, FL 33483-6443</b> | Mailing Address<br><b>2150 S. OCEAN BLVD., 4-E<br/>DELRAY BEACH, FL 33483-6443</b> |
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04142005 No Chg-LLC

CR2E063 (10/03)

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| 4. FEI Number<br><b>65-1085249</b> | Applied For<br><input type="checkbox"/> Not Applicable |
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|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$5.00</b> Additional Fee Required |
|---|---------------------------------------|

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| 6. Name and Address of Current Registered Agent<br><br><b>OWEN, MICHAEL W<br/>2150 S OCEAN BLVD 4E<br/>DELRAY BEACH, FL 33483</b> |
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00  
Due by May 1, 2005**

U000000347575  
04/30/05-80121-024 50.00

| 9. MANAGING MEMBERS/MANAGERS                       |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | MGR<br>OWEN, MICHAEL W<br>2150 S. OCEAN BLVD. 4E<br>DELRAY BEACH, FL 334836443 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | MGR<br>OWEN, FRANCES V<br>2150 S. OCEAN BLVD 4E<br>DELRAY BEACH, FL 334836443  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** Michael W. Owen, manager 4/14/05 561-213-2070  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Day Daytime Phone #