


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 18, 2008 08:00 A
Secretary of State

DOCUMENT # L01000003735	
1. Entity Name SEATEN PROPERTIES INTERNATIONAL, LLC	

Principal Place of Business 2150 S. OCEAN BLVD., 4-E DELRAY BEACH, FL 33483-6443	Mailing Address 2150 S. OCEAN BLVD., 4-E DELRAY BEACH, FL 33483-6443
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03152008No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

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

6. Name and Address of Current Registered Agent

OWEN, MICHAEL W
 2150 S OCEAN BLVD 4E
 DELRAY BEACH, FL 33483

DO NOT WRITE IN THIS SPACE

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

U00000905548
 05/01/08-80055-021 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR OWEN, MICHAEL W 2150 S. OCEAN BLVD. 4E DELRAY BEACH, FL 334836443
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR OWEN, FRANCES V 2150 S. OCEAN BLVD 4E DELRAY BEACH, FL 334836443
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: x Michael W. Owen *Manager* Apr 11, 2008 561-213-2070
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #