


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 10, 2005 08:00 AM
Secretary of State

DOCUMENT # L01000007107
 1. Entity Name
SEABIRD MARINE LLC



Principal Place of Business Mailing Address
3458 ANGLIN DRIVE, SUITE A **3458 ANGLIN DRIVE, SUITE A**
SARASOTA, FL 34242 **SARASOTA, FL 34242**

DO NOT WRITE IN THIS SPACE



01062005 No Chg-LLC CR2E083 (10/03)

4. FEI Number 65-1104514	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
NASH, MAUREEN
3458 ANGLIN DRIVE, SUITE A
SARASOTA, FL 34242

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

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NASH, MAUREEN 3458 ANGLIN DR., SUITE A SARASOTA, FL 34242
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NASH, DAVID 3458 ANGLIN DR., SUITE A SARASOTA, FL 34242
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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)(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: Maureen Nash 1/6/05 941 365 9820
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #