2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 28, 2004
Secretary of State

DOCUMENT# L01000009253

Entity Name: SEASECURE, LLC

Current Principal Place of Business:

3471 N FEDERAL HWY
SUITE 611
FORT LAUDERDALE, FL 33306

New Principal Place of Business:

Current Mailing Address:

2880 NE 22 CT
POMPANO
FORT LAUDERDALE, FL 33062

New Mailing Address:

FEI Number: 65-1112998 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

PETERSEN, KIM E MR.
3471 N. FEDERAL HWY
SUITE 611
FORT LAUDERDALE, FL 33306 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: MGR ( ) Delete
Name: PETERSEN, KIM E
Address: 2880 NE 22 CT
City-St-Zip: POMPANO, FL 33062

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: PETERSEN, KIM E
Address: 2880 NE 22 CT
City-St-Zip: POMPANO, FL 33062 US

Title: MGR ( ) Change (X) Addition
Name: MARTINEZ, CLAUDIA M
Address: 2880 NE 22 CT
City-St-Zip: POMPANO, FL 33062 US

Title: MGR ( ) Change (X) Addition
Name: BANNER, JOHN
Address: 3471 N. FEDERAL HWY SUITE 508
City-St-Zip: FORT LAUDERDALE, FL 33306 US

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: CLAUDIA PETERSEN MGR. 07/28/2004

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