


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 27, 2006 8:00 am**  
**Secretary of State**

04-27-2006 90014 014 \*\*\*\*50.00

<b>DOCUMENT # L01000012510</b>					
<b>1. Entity Name</b> SEA ENTERPRISES, L.L.C.					
<b>Principal Place of Business</b> 2705 TAMiami TRAIL, SUITE 313 PUNTA GORDA, FL 33950			<b>Mailing Address</b> 2705 TAMiami TRAIL, SUITE 313 PUNTA GORDA, FL 33950		
<b>2. Principal Place of Business</b> <del>1014 FRANCESCA CT</del>		<b>3. Mailing Address</b> 1014 FRANCESCA COURT			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State <i>PUNTA GORDA FL 33950</i>		<b>4. FEI Number</b> 65-1144476	
Zip		Country		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
Zip		Country		04252006 Chg-LLC CR2E083 (11/05)	
<b>6. Name and Address of Current Registered Agent</b>  CAWLEY, BARBARA A 1014 FRANCESCA CT PUNTA GORDA, FL 33950			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL</span> Zip Code		
<b>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.</b>					
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstating)					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CAWLEY, BARBARA A		NAME		
STREET ADDRESS	1014 FRANCESCA CT		STREET ADDRESS		
CITY-ST-ZIP	PUNTA GORDA, FL 33950		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
<b>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.</b>					
<b>SIGNATURE</b> <i>Barbara A Cawley</i>			4-28-06 941-286-8423		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		