


**FILED**  
**Mar 19, 2003 8:00 am**  
**Secretary of State**

02-11-2003 90050 020 \*\*\*\*\*5.00  
03-19-2003 90046 012 \*\*\*\*\*45.00

00030300



☐ CHECK HERE IF MAKING CHANGES

<b>2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)</b>					
<b>DOCUMENT # L01000013793</b>					
1. Entity Name <b>SEA CONG CHARTERS, L.L.C.</b>					
Principal Place of Business <b>1503 DAVIDSON AVE. HIGHPOINT NC 27262</b>			Mailing Address <b>1503 DAVIDSON AVE. HIGHPOINT NC 27262</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>58-2646027</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>					
6. Name and Address of Current Registered Agent <b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525</b>			7. Name and Address of New Registered Agent		
Name			Street Address (P.O. Box Number is Not Acceptable)		
City			FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By May 1, 2003</b>					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM CONGDON, EARL E MGRM 1503 DAVIDSON AVE. HIGH POINT NC 27262 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <i>Earl E Congdon</i>			SIGNATURE REQUIRED		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date <b>2-6-03</b> 8225200		

CR2E083 (10/02)