

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000003351

1. Entity Name

SEAWATCH PARTNERS, LLC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

Re-sent 2/20/05
05 MAR -1 AM 9:23

Principal Place of Business

4501 TAMiami TRAIL NORTH
SUITE 300
NAPLES FL 34103

Mailing Address

4501 TAMiami TRAIL NORTH
SUITE 300
NAPLES FL 34103

2. Principal Place of Business

3991 Upole Ln.

3. Mailing Address

3991 Upole Ln

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Naples, FL.

City & State

Naples, FL.

Zip

34119

Country

Collier

Zip

34119

Country

Collier



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

NAPLES LAWDOK, INC.
4501 TAMiami TRAIL NORTH SUITE 300
C/O QUARLES & BRADY LLP
NAPLES FL 34103

7. Name and Address of New Registered Agent

Name Jeffrey Wood
Street Address (P.O. Box Number is Not Acceptable)
3991 Upole Ln.
City Naples, FL. FL Zip Code 34119

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

Signature of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/29/05

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	<input checked="" type="checkbox"/> Delete
NAME	WOOD, JEFFREY	
STREET ADDRESS	4501 TAMiami TRAIL NORTH	
CITY-ST-ZIP	NAPLES FL 34103	
TITLE	MANAGER	<input type="checkbox"/> Delete
NAME	WOOD, JEFFREY	
STREET ADDRESS	3991 Upole Ln.	
CITY-ST-ZIP	NAPLES, FL. 34119	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

REINSTATEMENT 04-05

100048028551
03/09/05--01010--019 **210.00

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:

SIGNATURE REQUIRED

1/29/05

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (10/02)