2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT, (UBR)

UNIFORM BUSINESS REPORT, (UBR)					
DOCLINENT # L02000003351				SECRET DIVISION O	FILED ARY OF STATE F CORPORATIONS
SEAWATC	H PARTNERS, LLC			Re-sint a 1	ARY OF STATE 5 CORPORATIONS 7005 -1 AM 9:23
Principal Place	of Business	Mailing Address	\\		
4501 TAMHAMI 1		4501 TAMIANI TRAIL NORTH			•
		SUITE 308 Naples Fl 34103			
NAPLES FL 341	w	NAPLES PL SEIDS		الروز والمراز	1 DENNE BOSH BONGO HIDD 12501 BHD1 1101 1001
	ace of Business	3. Mailing Address			
	Upolo LN.	3991 Upo	10 LN		
Suite, Apt.	#, etč.	Suite, Apt. #, etc.		☐ CHECK HERE	IF MAKING CHANGES
City & State		City & State Naples FL.		4. FEI Number	Applied For Not Applicable
3 4-1	19 Collier	Zip	Country	5. Certificate of Status Desired	\$5.00 Additional Fee Required
,	6. Name and Address of Current			7. Name and Address of New F	Registered Agent -
NAPLESLAWDOCK, INC.					
4501-TAMANI TRAIL NORTH SUITE 300				dress (P.O. Box Number is Not Acceptable	
C/O QUARLES & BRADY LLP					
NAP	LES FE 34103				
/			City /	anles. FL.	FL 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 motion of striked regris of fogistered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$50.00					
Make Check Payable to Florida Department of State					
		Due	By May 1, 2003		
9.	MANAGING MEMBE	RS/MANAGERS	10.	ADDITIONS	
TITLE	MGR	Delete	TITLE	reinstatem	Change BAddition
NAME Street address	Wood, Jeffrey 4501 Tamiami Trail North		NAME STREET ADDRESS	REMS A LEMM	
CITY-ST-ZIP	NAPLES FL 34103		CITY-\$T-ZIP	D albach co	\
TITLE	MANAGER	☐ Defete	TITLE	المنار المار المار المناز	Change
NAME	Line matth ou	(AC s	NAME	1000480 03/03/0501010-	28551 -019 **210 00
STREET ADDRESS CITY-ST-ZIP	NAPLES, FZ. 34	LIR	STREET ADDRESS CITY-ST-ZIP	03/03/03 01010	013 **210.00
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CITY-SJ-ZIP			CITY_ST-ZIP		
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NAME STREET ADDRESS			NAME STREET ADDRESS		l de la companya de
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		1
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP	postifications than information according to 1995	this files does not really to	CITY-ST-ZiP	nd in Contine 110 07/21/0\ Florido Cintutas	I further partify that the information
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 receives or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
ministration in the state of th					
SIGNATURE: SUMMEREQUIRED 1/29/05					
SIGNATURE: SIGNATURE AND TYPEW OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Dating Phone #					