

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000010870

**FILED**  
**Feb 11, 2010**  
**Secretary of State**

**Entity Name:** SEAHORSE WATER SAFARIS, LLC

**Current Principal Place of Business:**

PORT ST JOE MARINA  
340 MARINA DRIVE  
PORT SAINT JOE, FL 32456

**New Principal Place of Business:**

**Current Mailing Address:**

172 COLLEEN STREET  
WEWAHITCHKA, FL 32465

**New Mailing Address:**

**FEI Number:** 75-3059729

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

GIBSON, THOMAS S  
116 SAILORS COVE DRIVE  
PORT ST. JOE, FL 32456 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/MANAGERS:**

**Title:** MGRM  
**Name:** MYERS, JULIE S  
**Address:** 172 COLLEEN STREET  
**City-St-Zip:** WEWAHITCHKA, FL 32465

**Title:** MGRM  
**Name:** HITES, GARY L  
**Address:** 172 COLLEEN STREET  
**City-St-Zip:** WEWAHITCHKA, FL 32465

I hereby 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:** JULIE S. MYERS

MGRM

02/11/2010

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