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Apr 30, 2003 8:00 am
Secretary of State
04-30-2003 90291 001 ***100.00

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000011510

[redacted]

55033630

1. Entity Name
SEBASTIAN PARTNERS, L.C.

Principal Place of Business
2000 PGA BLVD., STE. 4410
PALM BEACH GARDENS, FL 33410

Mailing Address
2000 PGA BLVD., STE. 4410
PALM BEACH GARDENS, FL 33410

2. Principal Place of Business	3. Mailing Address
3801 PGA Blvd	P.O. Box 30633
Suite, Apt. #, etc. 806	Suite, Apt. #, etc.
City & State: Palm Beach Gardens FL	City & State: Palm Beach Gardens FL
Zip 33410 Country USA	Zip 33420 Country USA

☐ 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
MILLER, DONALD W.
2000 PGA BLVD., STE. 4410
PALM BEACH GARDENS, FL 33410

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
3801 PGA Blvd, Ste 806
City Palm Beach Gardens FL Zip Code 33410

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] Donald Miller 4/08/03 DATE

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGR ☐ Delete	TITLE	☑ Change ☐ Addition
NAME	ROYAL CLACKWATCH, INC.	NAME	ROYAL BLACKWATCH, INC
STREET ADDRESS	2000 PGA BLVD., STE. 4410	STREET ADDRESS	3801 PGA Blvd, Ste 806
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410	CITY-ST-ZIP	Palm Beach Gardens, FL 33410
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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] Donald Miller 4/08/03 [illegible]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

CR2E083 (10/02)