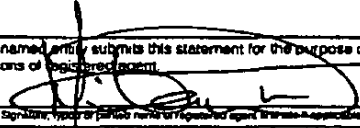


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
May 12, 2005 8:00 am
Secretary of State

03-24-2005 90204 033 ****50.00

DOCUMENT # L02000014175					
1. Entity Name SEA LOUNGE, LLC					
Principal Place of Business 1525 4TH STREET SARASOTA, FL 34236			Mailing Address 1525 4TH STREET SARASOTA, FL 34236		
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 04-3700485 APPLIED FOR	
				☐ Applied For ☐ Not Applicable	
				5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
TRAN-TOMLINSON, MONIKA 1525 4TH STREET SARASOTA, FL 34236			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 			DATE 3/21/05		
Filing Fee is \$50.00 Due by May 1, 2005			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE	MGRM		TITLE		
NAME	TRAN-TOMLINSON, MONIKA		NAME		
STREET ADDRESS	1525 4TH STREET		STREET ADDRESS		
CITY - ST - ZIP	SARASOTA, FL 34236		CITY - ST - ZIP		
	☐ Delete			☐ Change ☐ Addition	
TITLE			TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
	☐ Delete			☐ Change ☐ Addition	
TITLE			TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
	☐ Delete			☐ Change ☐ Addition	
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
	☐ Delete			☐ Change ☐ Addition	
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 606, Florida Statutes.					

