

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 03, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90013 029 \*\*\*\*50.00

|  |  |   |  |   |  |
|--|--|---|--|---|--|
| <b>DOCUMENT # L02000017825</b>   |  |   |  |   |  |
| <b>1. Entity Name</b><br>SEA SPRAY LLC   |  |   |  |   |  |
| <b>Principal Place of Business</b><br>500 NAUTICAL BLVD. NORTH<br>ATLANTIC BEACH, FL 32233   |  |   | <b>Mailing Address</b><br>500 NAUTICAL BLVD. NORTH<br>ATLANTIC BEACH, FL 32233 |   |  |
| <b>2. Principal Place of Business</b>  |  | <b>3. Mailing Address</b>   |  |   |  |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.   |  |   |  |
| City & State   |  | City & State  |  | <b>4. FEI Number</b><br>55-0787187  |  |
| Zip  |  | Country   |  | City  |  |
| Zip  |  | Country   |  | City  |  |
| <b>6. Name and Address of Current Registered Agent</b><br><br>HARPSTER, TAMMY LYNN<br>500 NAUTICAL BLVD. NORTH<br>ATLANTIC BEACH, FL 32233   |  |   |  | <b>7. Name and Address of New Registered Agent</b><br><br>Name<br><br>Street Address (P.O. Box Number is Not Acceptable)<br><br>City <span style="float: right;">FL</span> Zip Code |  |
| <b>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.</b>   |  |   |  |   |  |
| SIGNATURE _____ (NOTE: Registered Agent signature required when renewing)  |  |   |  |   |  |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2005</b>  |  | <b>Make check payable to<br/>Florida Department of State</b>      |  |   |  |
| <b>9. MANAGING MEMBERS/MANAGERS</b>  |  |   | <b>10. ADDITIONS/CHANGES</b>   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGR<br>HARPSTER, TAMMY L<br>500 NAUTICAL BLVD. NORTH<br>ATLANTIC BEACH, FL 32233 | <input type="checkbox"/> Delete                                   |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |   |  |
| <b>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.</b> |  |   |  |   |  |
| <b>SIGNATURE</b>   |  |   |  | Date <span style="font-size: 1.2em;">4/25/05</span>   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE  |  |   |  | Daytime Phone #   |  |