

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000028629

Entity Name: SEA HUNTER INVESTMENTS LLC

FILED
Apr 12, 2007
Secretary of State

Current Principal Place of Business:

25400 SW 140 AVENUE
PRINCETON, FL 33032

New Principal Place of Business:

Current Mailing Address:

25400 SW 140 AVEUNE
PRINCETON, FL 33032

New Mailing Address:

FEI Number: 68-0528488

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCCORMICK, ARTHUR F ESQ
7550 SOUTHWEST 57TH AVENUE, STE. 203
SOUTH MIAMI, FL 33143 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 () Delete
Name: MONTALVO, JOSE R LLL
Address: 25400 SW 140 AVE.
City-St-Zip: PRINCETON, FL 33032

Title: MGRM () Delete
Name: MONTALVO, EDUARDO L
Address: 25400 SW 140 AVE.
City-St-Zip: PRINCETON, FL 33032 US

Title: MGRM () Delete
Name: MONTALVO, JOSE JR
Address: 25400 SW 140 AVE.
City-St-Zip: PRINCETON, FL 33032 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MONTALVO, JOSE R III
Address: 25400 SW 140 AVE.
City-St-Zip: PRINCETON, FL 33032

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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: MARY LOU TRIAS

MGR

04/12/2007

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