2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000007263

1. Entity Name

SEAHORSE CONSTRUCTION, LLC



Principal Place of Business

Mailing Address

50 W MASHTA DRIVE SUITE # 2 KEY BISCAYNE, FL '33149 50 W. MASHTA DRIVE STE #2 KEY BISCAYNE, FL 33149

FILED May 02, 2005 8:00 am Secretary of State

05-02-2005 90096 012 ****50.00

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03212005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 36-4523563

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

_ _6._Name and Address of Current Registered Agent-

CORTES, ROBERTO G 50 W. MASHTA DRIVE STE #2 KEY BISCAYNE, FL 33149

DO NOT WRITE IN THIS SPACE

8. The above the obligat	named entity submits this statement for the purpose of chains of registered agent.	anging its registered office or registered agent, or both, in the	State of Florida. I am familiar with, and accept
SIGNATURE_			
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	DATE
	iling Fee is \$50.00 ue by May 1, 2005 MANAGING MEMBERS/MANAGERS		
TITLE	MGRM		
NAME	WERSSON, ERNESTO H		
STREET ADDRESS	50 W. MASHTA DRIVE STE #2		
CITY-ST-ZIP	KEY BISCAYNE, FL 33149		

MGRM TITLE CORTES, ROBERTO G NAME STREET ADDRESS 50 W MASHTA DRIVE STE #2 CITY-ST-ZIP KEY BISCAYNE, FL 33149 MGRM TITLE NAME GONZEMBACH, RODOLFO A 50 W MASHTA DRIVE STE #2 STREET ADDRESS CITY-ST-ZIP KEY BISCAYNE, FL 33149 NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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11. I hereby certify that the information supplied with this filling these 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 the true 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 and over the period of the limited liability company or the receiver or trustee and over the limited liability company or the receiver or trustee and over the limited liability company or the receiver or trustee and over the limited liability company or the receiver or trustee and over the limited liability company or the receiver or trustee and over the limited liability company or the receiver or trustee and over the limited liability company or the receiver or trustee and over the limited liability company or the receiver or trustee and over the limited liability company or the receiver or trustee and over the limited liability company or the receiver or trustee and over the limited liability company or the receiver or trustee and over the limited liability company or the receiver or trustee.

SIGNATURE:

SIGNATURE AND TYPED OR DEINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIV

4-25-05

(486) 924 5000

Daytime Phone #