

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 25, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # L03000008439**

1. Entity Name  
**SEAMAC ASSOCIATES LLC**



Principal Place of Business  
**4300 GULFSTREAM DRIVE  
#2-D  
NAPLES, FL 34112 US**

Mailing Address  
**4300 GULFSTREAM DRIVE  
#2-D  
NAPLES, FL 34112 US**



01232005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>75-3106193</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**SEGRAVES, LAURIE W  
4300 GULFSTREAM DRIVE  
#2-D  
NAPLES, FL 34112**

**DO NOT WRITE  
IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reissuing)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2005**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM SEGRAVES, LAURIE W 4300 GULFSTREAM DRIVE #2-D NAPLES, FL 34112</b>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM SEGRAVES, ANDREW H 1204 15TH ST., N SAINT PETERSBURG, FL 33705</b>
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04/25/05-80041-018 50.00

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: *Laurie W. Segraves* **LAURIE W. SEGRAVES** 1-23-05 370-1014  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #