


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**

**Apr 20, 2006 08:00 AM  
Secretary of State**

<b>DOCUMENT # L03000011159</b> 1. Entity Name <b>SEACOR, LLC</b>		
Principal Place of Business <b>22 PEACHTREE STREET BIRMINGHAM, AL 35213</b>		Mailing Address <b>22 PEACHTREE STREET BIRMINGHAM, AL 35213</b>
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  <b>WATSON, FRANKLIN H PA 5365 E. COUNTY HWY. 30A, STE. 105 SEAGROVE BEACH, FL 32459</b>		<b>DO NOT WRITE IN THIS SPACE</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.		
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
DATE _____		
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR TILL, KENNETH W 22 PEACHTREE STREET BIRMINGHAM, AL 35213	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR JACKSON, RONALD C 4788 SANDPIPER LANE BIRMINGHAM, AL 35244	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Kenneth W. Till</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		<i>4/12/06</i> <small>Date</small> <i>205-326-7605</i> <small>Daytime Phone #</small>



04122006No Chg-LLC

CR2E083 (11/05)

4. FEI Number  
**57-1162851**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

U00000519655  
05/02/06-80063-011 50.00

**DO NOT WRITE  
IN THIS SPACE**