2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

		REPORT (AR	3)	,	7 1	· FI	LED		
DOCU 1. Entity Nan	MENT # L030000329	968				Jul 26, 20	05 08		M
SEE GRE	EN INK, LLC	· .				Secret	ary or	State	
Principal Plac	ce of Business	Mailing Address	· · · · ·		-				•
129 WOODBINE CIRCLE FORT WALTON BEACH FL 32548			129 WOODBINE CIRCLE FORT WALTON BEACH FL 32548						
2. Principal Place of Business		3. Mailing Address		<u>'</u>	18311811 611 38123	III BBIII MATER IIIIR	11818 (St)12 Bilei 18	IIIME CIA AMMI	
Suite, Apt. #, etc.		Suite, Apt #, etc		1	1st MOORE	CR2E08	3 (10/04)		
City & State		City & State	City & State		4. FEI Nur	nber NO-T APF	LICABLE		pplied For at Applicable
Zip	Country	Zip	Coun	try	5. Certifica	ate of Status Desired		\$5.00 Add	ditional
	6. Name and Address of Currer	nt Registered Agent			7. Name a	nd Address of New			
חטו	WD, JOHN R JR.		٠.	Name					<u> </u>
285 SUI	HIGHWAY 98 EAST TE A-2		I	Street Address	(P.O. Box Nur	nber is Not Acceptal	ole)		
DES	STIN FL 32541		į	City	<u>-</u>		FL	Zıp Cod	
8. The above	named entity submits this statement	for the purpose of changing it	s registere	ed office or register	red agent, or	ooth, in the State of F		<u> </u>	
	tions of registered agent.			-					
SIGNATURE	Signature hyped or printed harne of registered age	nt and title if applicable (NO	TE Registered	Agent signature required	when remstating)		DATE		
		I		EE IS \$50.00					
		Make Check Payat		orida Departme ıy 1, 2005	nt of State				
9.	MANAGING MEME		10.	N AND AND AND AND AND AND AND AND AND AN		ADDITION:	S/CHANGES		
TITLE	MGRM	☐ Delete	uiti	!				☐ Change	Addition
NAME STREET ADDRESS	SLATTERY, WILLIAM R 129 WOODBINE CIR		MANA HAT.	EL AODRESS					
CHA 21-5th	FORT WALTON BEACH FL 3254	8		ST-ZIF	•				
MILE		☐ Delête	Tritt					Change	☐ Addition
NAME SIBEFT ADDRESS			NAME	TAUDRESS		Hanaaa	Taros		
CITY - ST - ZIF				SI-20		:000000 07/26/05-8	//458/ MOOG-01	4 50.Å0	 I
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NAME			NAME						
STREET ADDRESS CHY-ST-ZIP			1	LADDRESS ST-7P					
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NAME		in policie	NAME					ondings	
STREET ADDRESS				I ADDRESS					
CHY-SI-ZIP	<u></u>		-	ST-ZIP				[] (h	□ A J >#4
TITLE NAME		☐ Delete	HTLE NAME					☐ Change	Addition
STREET ADDRESS				ADDRESS					
CITA- 21 - Sib				ST-Z ^{In}	·		· · · · · · · · · · · · · · · · · · ·		
11. I hereby o indicated limited liai	ertify that the information supplied wit on this report is true and accurate and bility company or the receiver or trusts	If this filing does not qualify to differ signature shall have a empowered to execute this	the same report as	Aption stated in Se legal effect as if m required by Chapl	ction 119.07(nade under oa ter 608, Florid	3)(i), Florida Statutes th; that I am a mana a Statutes	I further cert iging membe	fy that the in or manage	formation r of the