

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

<b>DOCUMENT # L03000036837</b> 1. Entity Name <b>SEA HORSE TRANSPORT, LLC</b>						<b>FILED</b>  04 MAR -1 PM 2:55  SECRETARY OF STATE TALLAHASSEE, FLORIDA  	
Principal Place of Business <b>C/O BUTZEL LONG, P.C.          STE. 420, 1200 NORTH FEDERAL HWY.          BOCA RATON, FL 33432</b>				Mailing Address <b>C/O BUTZEL LONG, P.C.          STE. 420, 1200 N. FEDERAL HWY.          BOCA RATON, FL 33432</b>			
2. Principal Place of Business  Suite, Apt. #, etc.				3. Mailing Address  Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
4. FEI Number				Applied For <input checked="" type="checkbox"/> Not Applicable			
5. Certificate of Status Desired				<input type="checkbox"/> \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent  <b>RAYMOND, JOHN J JR          BUTZEL LONG, P.C.          STE. 420, 1200 N. FEDERAL HWY.          BOCA RATON, FL 33432</b>				7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City			
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>Filing Fee Is \$50.00 Due by May 1, 2004</b>				<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>				<b>10. ADDITIONS/CHANGES</b>			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGR LASNER MANAGEMENT, INC. 1200 N. FEDERAL HWY., STE. 420 BOCA RATON, FL 33432</b> <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>FIRE CORAL MANAGEMENT, INC.</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>100029573211</b> <b>03/01/04--01038--007</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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.							
<b>SIGNATURE:</b> <i>Jay E. Lasner</i> <b>JAY E. LASNER, PRESIDENT, FIRE CORAL MANAGEMENT, INC</b> <b>2/10/04</b> <b>(954) 341-3592</b>							
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>							