2005 LIMITED LIABILITY COMPANY ANNUAL REPORT



DOCUMENT # L03000044152 1. Entity Name SOUTH SEAS INVESTMENT TRUST, L.L.C.

FILED Feb 28, 2005 8:00 am Secretary of State

02-28-2005 90047 034 ****50.00

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Principal Place of Business 5000 ROYAL MARCO WAY #435 MARCO ISLAND, FL 34145		Mailing Address 6403 N. GRAND BLVD STE. 204 OKALAHOMA CITY, OK 73116		4	enn12312
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01302005 Chg-LLC CR2E083 (10/03)
City & State		City & State			4. FEI Number Applied For Not Applied For Not Applied For
Zip	Country	Zip	Coun	try	5. Certificate of Status Desired Status Desired \$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent
REECE, ROBERT A 5000 ROYAL MARCO WAY #435			Name Street Address (P.O. Box Number is Not Acceptable)		
	SLAND, FL 34145				(I C. DON NATION IN THE PROPERTY
				City	FL Zip Code
B. 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 reinstating) DATE					
போக Filing Fee is \$50.00% பாரான் கூடிய வெழியாகளார். மன்றார் நடிய முறியாக நடிய முக					
9.	MANAGING MEMBE	ERS/MANAGERS	10.	1	ADDITIONS/CHANGES
NAME STREET ADORESS CITY-ST-ZIP	MGRM REECE, ROBERT A 5000 ROYAL MARCO WAY #43	☐ Delete			☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MARCO ISLAND, FL 34145	□ Delete	TITLI NAM STRE	E	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLI NAM STRE	E	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	•		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		l l	☐ Change ☐ Addillon
TITLE NAME	L L Inchil	☐ Delete	TITU NAM	1	☐ Change ☐ Addition
STREET ADDRESS	MGEA	ELT TEMPLE AND		EET ADDRESS	N 10 N 5 N 10 N 10 N 10 N 10 N 10 N 10 N
11. Thereby certify that the information supplied with this filling 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 cath; 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE