


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 03, 2004 8:00 am
Secretary of State

06-03-2004 90330 014 ****50.00

DOCUMENT # L03000049370	
1. Entity Name SEABA COMPANY LLC	

Principal Place of Business C/O SOUTHEASTERN PRINTING COMPANY, INC. 3601 SE DIXIE HWY STUART, FL 34997	Mailing Address C/O SOUTHEASTERN PRINTING COMPANY, INC. 3601 SE DIXIE HWY STUART, FL 34997
---	---

14025100



2. Principal Place of Business 3484 SE DIXIE HWY	3. Mailing Address 3484 SE DIXIE HWY
Suite, Apt. #, etc.	Suite, Apt. #, etc.

06012004 Chg-LLC CR2E083 (10/03)

City & State Stuart, FL	City & State Stuart, FL
Zip 34997 Country USA	Zip 34997 Country USA

4. FEI Number 200442730	Applied For Not Applicable
--------------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
---	--------------------------------

6. Name and Address of Current Registered Agent USHDI, MARCOS C/O SOUTHEASTERN PRINTING COMPANY, INC. 3601 SE DIXIE HWY STUART, FL 34997		7. Name and Address of New Registered Agent Name MARCOS USHDI - Same Street Address (P.O. Box Number is Not Acceptable) 3484 SE DIXIE HWY City STUART FL Zip Code 34997	
--	--	---	--

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 Marcos	DATE 6/1/04
(NOTE: Registered Agent signature required when reinstating)	

Filing Fee is \$50.00 Due by September 8, 2004	Make check payable to Florida Department of State
---	--

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR USHDI, MARCOS 3601 SE DIXIE HWY STUART, FL 34997 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAME 3484 SE DIXIE HWY STUART, FL 34997 <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	<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.

SIGNATURE: Marcos	Date 6/1/04	Daytime Phone # 772-600-0300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		