


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**

**Jan 13, 2005 08:00 AM  
Secretary of State**

<b>DOCUMENT # L03000056785</b> 1. Entity Name <b>SEAPORT DOCKS, LLC</b>	
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Principal Place of Business <b>24 PARADISE LANE TREASURE ISLAND, FL 33706</b>	Mailing Address <b>24 PARADISE LANE TREASURE ISLAND, FL 33706</b>
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01102005No Chg-LLC

CR2E083 (10/03)

4. FEI Number <b>04-3664117</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>JOHNSON, JOHN E 101 E KENNEDY BLVD, STE 2700 TAMPA, FL 33602</b>
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 _____
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**Filing Fee is \$50.00  
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR STEPHENS, DOROTHY A 24 PARADISE LANE TREASURE ISLAND, FL 33706
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<p>110000180240 01/13/05-80052-010 50.00</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
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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: Dorothy Stephens</b> <i>Dorothy Stephens</i> <b>1/10/05</b> <b>727-360-1031</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>
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