

# **2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000004783

**FILED**  
**Jan 03, 2006**  
**Secretary of State**

**Entity Name:** SEAAWAY HABITAT TECHNOLOGIES LLC

**Current Principal Place of Business:**

3747 SOUTH RIDGE CIRCLE  
TITUSVILLE, FL 32796 US

**New Principal Place of Business:**

1415 CHAFFEE DRIVE  
TITUSVILLE, FL 32780 US

**Current Mailing Address:**

3747 SOUTH RIDGE CIRCLE  
TITUSVILLE, FL 32796 US

**New Mailing Address:**

1415 CHAFFEE DRIVE  
TITUSVILLE, FL 32780 US

**FEI Number:** 20-0602708

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

HUTCHINSON, MARK H ESQ  
1101 WEST FIRST STREET  
SANFORD, FL 32771 US

**Name and Address of New Registered Agent:**

FIEDLER, TIMOTHY R  
217 E OLYMOUTH AVENUE  
DELAND, FL 32721 US

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.

SIGNATURE: TIMOTHY R FIEDLER

01/03/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: KROECKER, BERNADETTE E  
Address: 3747 SOUTH RIDGE CIRCLE  
City-St-Zip: TITUSVILLE, FL 32796 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: BERNADETTE E KROECKER

MGRM

01/03/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date