## 2005 LIMITED LIABILITY COMPANY

## May 31, 2005 8:00 am Secretary of State ANNUAL REPORT 05-02-2005 90117 020 \*\*\*\*50.00 **DOCUMENT # L04000005055** 1. Entity Name LEE SEA OATS LLC 30008153 Mailing Address Principal Place of Business 2655 NORTH OCEAN DR, STE 400 2655 NORTH OCEAN DR, STE 400 SINGER ISLAND, FL 33404 SINGER ISLAND, FL 33404 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04272005 Chg-LLC CR2E083 (10/03) 300L Floor City & State 4. FEI Number Applied For City & State Not Applicable Country Ζip Country Zip \$5.00 Additional 5. Certificate of Status Desired п Fee Required 8. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ARMOUR, ALAN HI Street Address (P.O. Box Number is Not Acceptable) 1645 PALM BEACH LAKES BLVD, STE. 1200 WEST PALM BEACH, FL 33401 Zip Code 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-Filing Fee is \$50.00 Due by May 1, 2005 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. managing member Lec W Heaton Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME 3Rd Floor STREET ADDRESS STREET ADORESS ZUSS N OLEAN CITY-ST-ZIP CITY-ST-7P Detete TILE ☐ Change ☐ Addition IIILE NAME HALE STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition Delete ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP THE F ☐ Delete nn e ☐ Change ■ Addition NAME MALAF STREET ADDRESS STREET ADDRESS CITY-ST-70 CITY-ST-ZIP ☐ Add!tion Defete TITLE ☐ Change IIII E MALE STREET ADDRESS STREET ADDRESS CITY+S7-7IP CITY-ST-ZIP IIILE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP

**FILED** 

5218335560 SIGNATURE: ATURE AND TYPED OR PRINTED NAME OF SIGN NG MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

11. I hereby certify that the information supplied with this Itling does not qualify for the exemption stated in Section 1.19.07(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.

CITY-ST-ZIP