

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000034964

Entity Name: SEAWAY DRIVE LLC

FILED
Mar 08, 2005
Secretary of State

Current Principal Place of Business:

1200 BRICKELL AVENUE STE. 950
MIAMI, FL 33131

New Principal Place of Business:

411 NORTH U.S. HIGHWAY 1, 2ND FLOOR
FORT PIERCE, FL 34950

Current Mailing Address:

1200 BRICKELL AVENUE STE. 950
MIAMI, FL 33131

New Mailing Address:

411 NORTH U.S. HIGHWAY 1, 2ND FLOOR
FORT PIERCE, FL 34950

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

KAUFMAN, CHERYL JULIEN
2301 SUNSET DRIVE
MIAMI BEACH, FL 33140 US

Name and Address of New Registered Agent:

KAPLAN, JASON
411 NORTH U.S. HIGHWAY 1, 2ND FLOOR
FORT PIERCE, FL 34950 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: JASON KAPLAN

03/08/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM () Change (X) Addition
Name: ZALKIN, JOHN
Address: 411 NORTH US HIGHWAY, 2ND FLOOR
City-St-Zip: FORT PIERCE, FL 34950

Title: MGR () Change (X) Addition
Name: ZALKIN, MILES
Address: 411 NORTH US HIGHWAY 1, 2ND FLOOR
City-St-Zip: FORT PIERCE, FL 34950

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JOHN ZALKIN

MGRM

03/08/2005

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