

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000044177

FILED  
Apr 17, 2005  
Secretary of State

**Entity Name:** SEVEN SEAS EXUMA ONE, LLC

**Current Principal Place of Business:**

18743 LONG LAKE DRIVE  
BOCA RATON, FL 33496

**New Principal Place of Business:**

**Current Mailing Address:**

18743 LONG LAKE DRIVE  
BOCA RATON, FL 33496

**New Mailing Address:**

**FEI Number:** 81-0651229

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KOHL, N. DEAN JR  
2055 SOUTH KANNER HIGHWAY  
STUART, FL 34994 US

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

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR ( ) Delete  
Name: ADKINS, PAUL  
Address: 18743 LONG LAKE DRIVE  
City-St-Zip: BOCA RATON, FL 33496

Title: MGR ( ) Delete  
Name: CANTOR, GARY  
Address: 7 OCEAN HARBOUR CIRCLE  
City-St-Zip: OCEAN RIDGE, FL 33435

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: ADKINS, PAUL  
Address: 18743 LONG LAKE DRIVE  
City-St-Zip: BOCA RATON, FL 33496

Title: MGRM (X) Change ( ) Addition  
Name: CANTOR, GARY  
Address: 7 OCEAN HARBOUR CIRCLE  
City-St-Zip: OCEAN RIDGE, FL 33435

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: PAUL M ADKINS

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04/17/2005

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