2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2005
Secretary of State

DOCUMENT# L04000054769

Entity Name: SEA DREAM PROPERTIES LLC

Current Principal Place of Business:

8930 STATE RD 84 #126
DAVIE, FL 33324

New Principal Place of Business:

107 RYAN CT.
DAPHNE, AL 36526

Current Mailing Address:

8930 STATE RD 84 #126
DAVIE, FL 33324

New Mailing Address:

107 RYAN CT.
DAPHNE, AL 36526

FEI Number: 51-0517249 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

OPPERMAN, JANET
8930 STATE RD 84 #126
DAVIE, FL 33324 US

Name and Address of New Registered Agent:

OPPERMAN, JANET
107 RYAN CT.
DAPHNE, ALABAMA, FL 36526 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: _____ 04/26/2005
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete
Name: SEA DREAM HOUSING, I, NC.
Address: 8930 STATE RD 84 #126
City-St-Zip: DAVIE, FL 33324

Title: MGRM ( ) Delete
Name: KNOTT, WILLIAM
Address: 8930 STATE RD 84 #126
City-St-Zip: DAVIE, FL 33324

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: SEA DREAM HOUSING, I, NC.
Address: 107 RYAN CT.
City-St-Zip: DAPHNE, AL 36526

Title: MGRM (X) Change ( ) Addition
Name: KNOTT, WILLIAM
Address: 3193 RIDGE TRACE
City-St-Zip: DAVIE, FL 33328

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: JANET M. OPPERMAN MGRM 04/26/2005
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date