


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

1/22.

FILED
Feb 19, 2007 8:00 am
Secretary of State

01-22-2007 90153 029 ****50.00

| | |
|---|---|
| DOCUMENT # L04000060401 1. Entity Name SEA & AIR SALES, LLC |  |
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|---|---|
| Principal Place of Business 7751 KINGSPONTE PKWY, NO. 128 ORLANDO, FL 32819 | Mailing Address 7751 KINGSPONTE PKWY, NO. 128 ORLANDO, FL 32819 |
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DO NOT WRITE IN THIS SPACE



01092007 No Chg-LLC CR2E083 (11/05)

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|---|--------------------------------|
| 4. FEI Number 87-0730576 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

6. Name and Address of Current Registered Agent

KITCHEN, WILLIAM J
 7751 KINGSPONTE PKWY, NO. 128
 ORLANDO, FL 32819

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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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agents and fee if applicable (NOTE: Registered Agent signature required when re-registering)

**Filing Fee is \$50.00
 Due by May 1, 2007**

| 9. MANAGING MEMBERS/MANAGERS | |
|---|--------------------|
| TITLE: MNGR NAME: KITCHEN, WILLIAM J STREET ADDRESS: 7751 KINGSPONTE PKWY, NO. 128 CITY-ST-ZIP: ORLANDO, FL 32819 | <i>(Signature)</i> |
| TITLE: MEMBER (VP SALES) NAME: BRYAN STEVENS STREET ADDRESS: 7751 KINGSPONTE PKWY # 128 CITY-ST-ZIP: ORLANDO, FL 32819 | <i>(Signature)</i> |
| TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ | |
| TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ | |
| TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ | |

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

SIGNATURE: *(Signature)* BRYAN STEVENS MEMBER 17 JAN 07 407-954-0901
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #