


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 18, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L04000060477</b> 1. Entity Name <b>SEAWRIGHT REAL ESTATE, LLC</b>	
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Principal Place of Business <b>4425 US HIGHWAY 92 EAST LAKELAND, FL 33801</b>	Mailing Address <b>4425 US HIGHWAY 92 EAST LAKELAND, FL 33801</b>
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**DO NOT WRITE IN THIS SPACE**



01092007No Chg-LLC

CR2E083 (11/05)

4. FEI Number <b>20-1512734</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**SEAWRIGHT, CLAYTON  
4425 US HIGHWAY 92 EAST  
LAKELAND, FL 33801**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SEAWRIGHT, CLAYTON K 4425 O.S. HIGHWAY 92 EAST LAKELAND, FL 33801
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01/18/07-80058-021 50.00

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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: Clayton K Seawright 1-9-07 863-370-7216

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #