2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

May 09, 2007 8:00 am Secretary of State

05-09-2007 90028 029 ****50.00

1. Entity Name

SEAHORSE DEVELOPERS, LLC



2101 WEST PLATT STREET	403 N.
#200	HOWARL
	CHO LU A ML

TAMPA, FL 33606

Principal Place of Business

Ave.

Mailing Address

2101 WPLATT ST. STE 200 403 N. Howard Ave, Ste 200 TAMPA, FL 33606



DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For 20-1528606 Not Applicable

5. Certificate of Status Desired

04162007 No Chg-LLC

\$5.00 Additional Fee Required

CR2E083 (11/05)

6. Name and Address of Current Registered Agent

KOEHLER, KEITH W KOEHLER & COMPANY, P.A. 502 N. ARMENIA AVENUE TAMPA, FL 33609

DO NOT WRITE IN THIS SPACE

8. The above the obligat	named entity submits this statement for the purpose of changing its registere tions of registered agent.	d office or registered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE_		
	Signature, typed or printed name of registered agent and title if applicable (NOTE Registered	Agent signature required when reinstating) DATE
Fi D	iling Fee is \$50.00 ue by May 1, 2007	
9.	MANAGING MEMBERS/MANAGERS	
TITLE	MGR	
NAME	LUM, JOHN // 3 A/ Hayyan	
STREET ADDRESS	2101 WEST PLATT STREET #200 403 N. Haward	•
CITY ST-ZIP	TAMPA, FL 33606 MGR GULUZIAN, ARAM 403 N. Howard Aue. 2101 WEST PLATT STREET #200 TAMPA FL 33606	
TITLE	MGR	
NAME	GULUZIAN, ARAM 403 N. Hayard Aug	
STREET ADDRESS	2101 WEST PLATT STREET #200	
CITY-ST-ZIP	TAMPA, FL 33606	
TITLE		
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STREET ADDRESS		
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his ting does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information taying signature shall have the same legal effect as it made under oath; that I am a managing member or manager of the empowered to execute this report as required by Chapter 608, Florida Statutes. 11. I hereby certify that the information supplies with a indicated on this report is true and accurate and to limited liability company or the receiver or trustee.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

STREET ADDRESS CHY ST-ZIP