




2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 16, 2005 8:00 am
Secretary of State

05-16-2005 90040 037 ****50.00

DOCUMENT # L04000065576 1. Entity Name SEAPORT, LLC					
Principal Place of Business 951 CAROLINE STREET SUITE #205 KEY WEST, FL 33040			Mailing Address 951 CAROLINE STREET SUITE #205 KEY WEST, FL 33040		
2. Principal Place of Business 955 Caroline Street Suite, Apt. #, etc. Suite 5		3. Mailing Address 955 Caroline Street Suite, Apt. #, etc. Suite 5			
City & State Key West, FL Zip 33040		City & State Key West, FL Zip 33040		03302005 Chg-LLC CR2E083 (10/03) 4. FEI Number 27-0110898	
Country USA		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SCHWARTZ, STEVEN D 2619 GULFVIEW DRIVE ROOSEVELT ANNEX KEY WEST, FL 33040				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
8. The above named entity submits this statement for the purpose of registering 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, 2005				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SCHWARTZ, STEVEN D 2619 GULFVIEW DR. / ROOSEVELT ANNEX KEY WEST, FL 33040 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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11. I hereby certify that the information supplied with this filing does not qualify 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 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: X 			4/28/05 (305) 295-9225		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					