2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 03, 2007
Secretary of State

DOCUMENT# L04000090526

Entity Name: SEAVIEW STORAGE INVESTMENTS, LLC

Current Principal Place of Business:

983 BAYOU LANE
CRYSTAL BEACH, FL 34681

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 820
CRYSTAL BEACH, FL 34681

New Mailing Address:

FEI Number: 42-1654650 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LYONS, GARY W ESQ
311 SOUTH MISSOURI AVENUE
CLEARWATER, FL 33756 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title:	MGR	( ) Delete
Name:	GAIL, JAMES I	
Address:	P.O. BOX 820	
City-St-Zip:	CRYSTAL BEACH, FL 34681	
Title:	VP	( ) Delete
Name:	GAIL, CHARLENE L	
Address:	P O BOX 820	
City-St-Zip:	CRYSTAL BEACH, FL 34681	
Title:	S	( ) Delete
Name:	GAIL, JAMES L	
Address:	P O BOX 820	
City-St-Zip:	CRYSTAL BEACH, FL 34681	
Title:	T	( ) Delete
Name:	GAIL, GAIL D	
Address:	P O BOX820	
City-St-Zip:	CRYSTAL BEACH, FL 34681	

ADDITIONS/CHANGES:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	VP	(X) Change ( ) Addition
Name:	GAIL, GAIL D	
Address:	P O BOX 820	
City-St-Zip:	CRYSTAL BEACH, FL 34681	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	T	(X) Change ( ) Addition
Name:	JAMES, GAIL L	
Address:	P O BOX820	
City-St-Zip:	CRYSTAL BEACH, FL 34681	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: JAMES L GAIL MGR 01/03/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date