

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000094321

Entity Name: SEABURY, L.L.C.

FILED  
Apr 28, 2005  
Secretary of State

**Current Principal Place of Business:**

661 SOUTH COLLIER BLVD  
MARCO ISLAND, FL 34145

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 5115  
MARCO ISLAND, FL 34145

**New Mailing Address:**

FEI Number: 20-2399991

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WOODWARD, CRAIG R  
606 BALD EAGLE DRIVE, SUITE 500  
MARCO ISLAND, FL 34145 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/MEMBERS:**

Title: MGR ( ) Delete  
Name: TATEO, PAUL  
Address: 661 SOUTH COLLIER BLVD  
City-St-Zip: MARCO ISLAND, FL 34145

Title: MGR ( ) Delete  
Name: LARIA, SHLOMI  
Address: 1366 MAINSAIL DRIVE, #1511  
City-St-Zip: NAPLES, FL 34114

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: LARIA, SHLOMI  
Address: 1366 MAINSAIL DRIVE, #1511  
City-St-Zip: NAPLES, FL 34114

Title: MGR (X) Change ( ) Addition  
Name: TATEO, PAUL  
Address: 661 SOUTH COLLIER  
City-St-Zip: MARCO ISLAND, FL 34145

I hereby certify that the information supplied with this filing does not qualify for the 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 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: PAUL TATEO

MGR

04/28/2005

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