

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2006 8:00 am
Secretary of State

04-03-2006 90074 050 ****50.00

DOCUMENT # L05000018304					
1. Entity Name SEA MONKEY, LLC					
Principal Place of Business 6244 SPRINGER DRIVE PORT RICHEY, FL 34668-5340			Mailing Address 6244 SPRINGER DRIVE PORT RICHEY, FL 34668-5340		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	03212008 Chg-LLC CR2E083 (11/05)	
4. FEI Number				☐ Applied For ☒ Not Applicable	
5. Certificate of Status Desired ☐				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent O'LEARY, D. MICHAEL 101 E. KENNEDY BLVD., SUITE 2700 TAMPA, FL 33602			7. Name and Address of New Registered Agent Name <u>NICOLE B. SAUNDERS</u> Street Address (P.O. Box Number is Not Acceptable) <u>6244 SPRINGER DRIVE</u> City <u>PORT RICHEY</u> FL Zip Code <u>34668</u>		
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 <u>NICOLE B. SAUNDERS</u> DATE <u>3/27/06</u> Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	MEMBER (MANAGING MEMBER) Change ☒ Addition <u>DONALD A. BUICK, JR.</u> <u>293 TALL OAK TRAIL</u> <u>TARPON SPRINGS, FL 34689</u>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
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: <u>DONALD A. BUICK, JR.</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date <u>5/1/06</u> Daytime Phone # <u>(727) 644-7996</u>		