2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2008
Secretary of State

DOCUMENT# L05000019659

Entity Name: SEABEES HOUSING L.L.C.

Current Principal Place of Business:

1280 N. NOVA RD.
HOLLY HILL, FL 32117 US

New Principal Place of Business:

1215 LINDA LA.
HOLLY HILL, FL 32117 US

Current Mailing Address:

P.O. BOX 250661
HOLLY HILL, FL 321250661 US

New Mailing Address:

P.O. BOX 250661
DAYTONA BEACH, FL 321250661 US

FEI Number: 20-2399286 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

POWERS, ROBERT F SR.
1280 N. NOVA RD.
HOLLY HILL, FL 32117 US

Name and Address of New Registered Agent:

POWERS, ROBERT F SR.
1215 LINDA LA.
HOLLY HILL, FL 32117 US

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: _____ 04/28/2008
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: POWERS, ROBERT F SR.
Address: 1280 N. NOVA RD.
City-St-Zip: HOLLY HILL, FL 32117 US

Title: MGRM ( ) Delete
Name: MEIER, CARL M SR.
Address: #21 HARTSLOG COURT CIRCLE
City-St-Zip: HUNTINGDON, PA 16652 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: POWERS, ROBERT F SR.
Address: 1215 LINDA LA.
City-St-Zip: HOLLY HILL, FL 32117 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: CARL MEIER MGRM 04/28/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date