

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90060 050 \*\*\*\*50.00

**DOCUMENT # L05000025285**



1. Entity Name  
**SEA CHASER PARTNERS, LLC**

Principal Place of Business  
**3080 TAMiami TRAIL EAST  
NAPLES, FL 34112**

Mailing Address  
**3080 TAMiami TRAIL EAST  
NAPLES, FL 34112**

00014104



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

01232007 Chg-LLC CR2E083 (12/06)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**27-0117413**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**TREISER, COLLINS & VERNON, PL  
3080 TAMiami TRAIL EAST  
NAPLES, FL 34112**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2007**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete  
NAME CALLIES, THOMAS R II - name spelled wrong!  
STREET ADDRESS 3080 TAMiami TRAIL E  
CITY-ST-ZIP NAPLES, FL 34112

TITLE MGRM ☐ Delete  
NAME COLLINS, JAMES  
STREET ADDRESS 3080 TAMiami TRAIL E  
CITY-ST-ZIP NAPLES, FL 34112

TITLE MGRM ☐ Delete  
NAME WILSON, DALE  
STREET ADDRESS 3080 TAMiami TRAIL E  
CITY-ST-ZIP NAPLES, FL 34112

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE MGRM ☒ Change ☐ Addition  
NAME Collins, Thomas A. II  
STREET ADDRESS 3080 Tamiami Trail E.  
CITY-ST-ZIP Naples, FL 34112

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:**

*[Signature]*

**4-25-07**

**239 644-4900**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #