


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90028 042 ***138.75

DOCUMENT # L05000025285

1. Entity Name
SEA CHASER PARTNERS, LLC



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

60029333



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

02182008 Chg-LLC CR2E083 (12/06)

4. FEI Number Applied For
27-0117413 Not Applicable

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 **Treiser & Collins P L**
 Street Address (P.O. Box Number is Not Acceptable)
3080 Tamiami Trail E
 City **Naples** **FL** Zip Code **34112**

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  DATE _____

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reissuing)

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
Florida Department of State


9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	COLLINS, THOMAS A II	
STREET ADDRESS	3080 TAMiami TRAIL E	
CITY-ST-ZIP	NAPLES, FL 34112	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	COLLINS, JAMES	
STREET ADDRESS	3080 TAMiami TRAIL E	
CITY-ST-ZIP	NAPLES, FL 34112	
TITLE	MGRM	<input checked="" type="checkbox"/> Delete
NAME	WILSON, DALE	
STREET ADDRESS	3080 TAMiami TRAIL E	
CITY-ST-ZIP	NAPLES, FL 34112	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date _____ Daytime Phone # _____