

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-28-2008 90028 042 \*\*\*138.75

<b>DOCUMENT # L05000025285</b>					
<b>1. Entity Name</b> SEA CHASER PARTNERS, LLC					
<b>Principal Place of Business</b> 3080 TAMiami TRAIL EAST NAPLES, FL 34112			<b>Mailing Address</b> 3080 TAMiami TRAIL EAST NAPLES, FL 34112		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country			
<b>4. FEI Number</b> 27-0117413					
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>					
<b>6. Name and Address of Current Registered Agent</b> TREISER, COLLINS & VERNON, PL 3080 TAMiami TRAIL EAST NAPLES, FL 34112					
<b>7. Name and Address of New Registered Agent</b>					
Name <b>Treiser &amp; Collins P L</b>					
Street Address (P.O. Box Number is Not Acceptable) <b>3080 Tamiami Trail E</b>					
City <b>Naples</b> <b>FL</b> Zip Code <b>34112</b>					
<b>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.</b>					
SIGNATURE 					
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE					
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>			<b>Make check payable to</b> <b>Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM COLLINS, THOMAS A II 3080 TAMiami TRAIL E NAPLES, FL 34112	<input type="checkbox"/> Delete	<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM COLLINS, JAMES 3080 TAMiami TRAIL E NAPLES, FL 34112	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM WILSON, DALE 3080 TAMiami TRAIL E NAPLES, FL 34112	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM WILSON, DALE 3080 TAMiami TRAIL E NAPLES, FL 34112	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM WILSON, DALE 3080 TAMiami TRAIL E NAPLES, FL 34112	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM WILSON, DALE 3080 TAMiami TRAIL E NAPLES, FL 34112	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM WILSON, DALE 3080 TAMiami TRAIL E NAPLES, FL 34112	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>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.</b>					
<b>SIGNATURE:</b> 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
Date					
Daytime Phone #					

60029333



02182008 Chg-LLC CR2E083 (12/06)