

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000026447

**FILED**  
**Jan 15, 2009**  
**Secretary of State**

**Entity Name:** CURRENSEAS, LLC

**Current Principal Place of Business:**

888 BRICKELL AVENUE PENTHOUSE  
PENTHOUSE  
MIAMI, FL 33131

**New Principal Place of Business:**

888 BRICKELL AVENUE  
PENTHOUSE  
MIAMI, FL 33131

**Current Mailing Address:**

888 BRICKELL AVENUE PENTHOUSE  
PENTHOUSE  
MIAMI, FL 33131

**New Mailing Address:**

888 BRICKELL AVENUE  
PENTHOUSE  
MIAMI, FL 33131

**FEI Number:** 20-2511649

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

JOSEPH A.HASSAN  
888 BRICKELL AVENUE  
PENTHOUSE  
MIAMI, FL 33131 US

**Name and Address of New Registered Agent:**

HASSAN, MOSTAFA F DR  
888 BRICKELL AVENUE  
PENTHOUSE  
MIAMI, FL 33131 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:** MOSTAFA F HASSAN

01/15/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** M ( ) Delete  
**Name:** HASSAN, MOSTAFA F DR  
**Address:** 888 BRICKELL AVENUE  
**City-St-Zip:** MIAMI, FL 33131

**ADDITIONS/CHANGES:**

**Title:** MGR (X) Change ( ) Addition  
**Name:** HASSAN, MOSTAFA F DR  
**Address:** 888 BRICKELL AVENUE  
**City-St-Zip:** MIAMI, FL 33131

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:** MOSTAFA F HASSAN

DR

01/15/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date