

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000033307

FILED
Apr 30, 2008
Secretary of State

Entity Name: THREE SEAS PROPERTIES, LLC

Current Principal Place of Business:

215 N FEDERAL HWY
DANIA BEACH, FL 33004

New Principal Place of Business:

Current Mailing Address:

215 N FEDERAL HWY
DANIA BEACH, FL 33004

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAVALLARO, MICHELE A
215 NORTH FEDERAL HWY
DANIA BEACH, FL 33004 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: CAVALLARO, MICHAEL
Address: 101 GIARDINO DRIVE
City-St-Zip: ISLAMORADA, FL 33036

Title: MGRM (X) Delete
Name: CAVALLARO, NANCY
Address: 101 GIARDINO DRIVE
City-St-Zip: ISLAMORADA, FL 33036

Title: MGRM (X) Delete
Name: CAVALLARO, MICHELE
Address: 215 N FEDERAL HWY
City-St-Zip: DANIA BEACH, FL 33004

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: CAVALLARO, MICHELE
Address: 215 N FEDERAL HWY
City-St-Zip: DANIA BEACH, FL 33004

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

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: MICHELE CAVALLARO

PRES

04/30/2008

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