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Apr 17, 2006 8:00 am
Secretary of State
04-17-2006 90038 024 ****50.00

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000035618

1. Entity Name
SEAHORSE MARINE, LLC

Principal Place of Business	Mailing Address
315 N.E. THIRD AVENUE, SUITE 200 FT. LAUDERDALE, FL 33301	315 N.E. THIRD AVENUE, SUITE 200 FT. LAUDERDALE, FL 33301

03272006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business		3. Mailing Address	
P.O. Box 801511		P.O. Box 801511	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Aventura, FL		City & State: Aventura, FL	
Zip: 33180	Country: USA	Zip: 33180	Country: USA

4. FEI Number — ☐ Applied For — X Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MORGAN, WALTER L 315 N.E. THIRD AVENUE, SUITE 200 FT. LAUDERDALE, FL 33301	Name: Irene Bartram Street Address (P.O. Box Number is Not Acceptable): c/o Spencer Bartram 2555 Collins Ave., #1708 City: Miami Beach FL Zip Code: 33180

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 IRENE S. BARTRAM Irene S. Bartram 4/12/06
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, 2006**		**Make check payable to** **Florida Department of State**

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BARTRAM, IRENE S 3601 N.E. 207TH STREET AVENTURA, FL 33180	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 2555 Collins Ave., #1708 Miami Beach, FL 33180	X Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: Irene S. Bartram, MGRM 4/12/06 612-801-1700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #