


**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 18, 2006 8:00 am
Secretary of State

05-18-2006 90042 008 ****50.00

DOCUMENT # <u>L05000041324</u>			
1. Entity Name SeaHorse II LLC			
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 1026 Orange Grove Lane Suite, Apt. #, etc.		3. Mailing Address 1026 Orange Grove Lane Suite, Apt. #, etc.	
City & State Apopka, Florida		City & State Apopka, Florida	
Zip 32712	Country USA	Zip 32712	Country USA
4. FEI Number 20-2741247		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required			
7. Name and Address of Current Registered Agent			
Name Spiegel & Utrera, P.A.			
Street Address (P.O. Box Number is Not Acceptable) 1840 Coral Way, 4th Floor			
City FL Zip Code			
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 _____ <small>Signature, typed or printed name of registered agent and date if applicable.</small>			
FEE IS \$50.00 Make Check Payable to Florida Department of State DUE BY MAY 1			
9. MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Managing Owner Thomas G. Albers 1026 Orange Grove Lane Apopka, Florida 32712	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>Thomas G. Albers</u> DATE: <u>May 18/06</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			

CR2E083B (12/02)