

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000043757

Entity Name: SEABEL CONDOS LLC

FILED
Apr 13, 2009
Secretary of State

Current Principal Place of Business:

627 ADAMS AVE.
CAPE CANAVERAL, FL 32920

New Principal Place of Business:

Current Mailing Address:

627 ADAMS AVE.
CAPE CANAVERAL, FL 32920

New Mailing Address:

FEI Number: 20-2854170

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BERGER, ARTHUR W JR.
627 ADAMS AVE
CAPE CANAVERAL, FL, FL 32920 US

Name and Address of New Registered Agent:

BERGER, ARTHUR W JR.
627 ADAMS AVE
CAPE CANAVERAL, FL 32920 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:

04/13/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BERGER, ARTHUR W JR.
Address: 627 ADAMS AVE.
City-St-Zip: CAPE CANAVERAL, FL 32920

Title: MGRM () Delete
Name: HEMENWAY, GERARD A
Address: 627 ADAMS AVE.
City-St-Zip: CAPE CANAVERAL, FL 32920

Title: MGRM () Delete
Name: BENSON, JEANNE A
Address: 627 ADAMS AVE.
City-St-Zip: CAPE CANAVERAL, FL 32920

ADDITIONS/CHANGES:

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

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: ARTHUR W BERGER JR

MGRM

04/13/2009

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