

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 23, 2008 8:00 am
Secretary of State

06-23-2008 90155 013 ***138.75

DOCUMENT # L05000045637

1. Entity Name
SEA ISLAND PARTNERS LLC



Principal Place of Business
**15215 COLLIER BLVD.
SUITE 311, PMB 148
NAPLES, FL 34119**

Mailing Address
**4027 S. XANTHUS AVENUE
TULSA, OK 74105**

50007363

2. Principal Place of Business - No P.O. Box #
1311 Noble Heron Way
Suite, Apt. #, etc.

3. Mailing Address
1311 Noble Heron Way
Suite, Apt. #, etc.



06192008 Chg-LLC CR2E083 (12/06)

City & State
Naples, FL
Zip
34105
Country
USA

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Naples, FL
Zip
34105
Country
USA

4. FEI Number
33-1117312
Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**MCNICHOLAS, JOHN
1018 FOUNTAIN RUN
NAPLES, FL 34119**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
1311 Noble Heron Way
City
Naples **FL** Zip Code
34105

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 John McNicholas **John McNicholas** 6/18/08
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)) DATE

**FILE NOW!!! FEE IS \$138.75
Due by September 12, 2008**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
MCNICHOLAS, JOHN
1018 FOUNTAIN RUN
NAPLES, FL 34119** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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☐ Delete

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CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**1311 Noble Heron Way
Naples, FL 34105** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
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CITY-ST-ZIP
☐ Change ☐ Addition

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☐ 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: John McNicholas **6/18/08** **239 353 1371**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #