## **2008 LIMITED LIABILITY COMPANY** ANNUAL REPORT

## Apr 24, 2008 8:00 am Secretary of State **DOCUMENT # L05000048185** 04-24-2008 90021 013 \*\*\*138.75 SEA ISLAND PROPERTY LLC Principal Place of Business Mailing Address 701 BRICKELL AVE. 60028214 CALLE AQUILINO DE LA GUARDIA NO. 8 IGRA BUILDING, 2ND FLOOR **SUITE 3000** PANAMA, REPUBLIC OF PANAMA, MIAMI, FL 33131 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Ant. #, etc. 03132008 Chg-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For NOT APPLICABLE Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CORPORATE CREATIONS NETWORK INC. Street Address (P.O. Box Number is Not Acceptable) 11380 PROSPERITY FARMS ROAD #221E PALM BEACH GARDENS, FL 33410 Zip Code 8. The above named entity submit's 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE (S \$138.75 Make check payable to After May 1, 2008 Fee will be \$538.75 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. TITLE MGR Delete TITLE ☐ Change ☐ Addition RUIZ RODŘÍGUEZ, EZEQUIEL NAME NAME CALLE AQUILINO DE LA GUARDIA NO. 8 STREET ADDRESS STREET ADDRESS PANAMA, REPUBLIC OF PANAMA, CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ■ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change TITLE TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

April 22, 2008 Ezequiel Ruiz Rodriquez AGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #