


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 10, 2006 8:00 am**  
**Secretary of State**

07-10-2006 90105 038 \*\*\*\*50.00

<b>DOCUMENT # L05000065197</b>	
1. Entity Name <b>SEANEEN LLC</b>	

Principal Place of Business <b>11 RIVERSIDE DRIVE SUITE 210 COCOA, FL 32922 US</b>	Mailing Address <b>11 RIVERSIDE DRIVE SUITE 210 COCOA, FL 32922 US</b>
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2. Principal Place of Business <b>640 BREVARD AVE Suite, Apt. #, etc. #104 COCOA, FL 32922 USA</b>	3. Mailing Address <b>640 BREVARD AVE Suite, Apt. #, etc. #104 COCOA, FL 32922 USA</b>
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**20048056**



07052006 Chg-LLC CR2E083 (11/05)

4. FEI Number <b>74-3150183</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent <b>NORDELL, LENA K 11 RIVERSIDE DRIVE SUITE 210 COCOA, FL 32922</b>		7. Name and Address of New Registered Agent Name <b>NORDELL, LENA K.</b> Street Address (P.O. Box Number is Not Acceptable) <b>640 BREVARD AVE #104 COCOA, FL 32922</b>

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 <b>[Signature]</b> Signature, typed or printed name of registered agent and title (if applicable).	DATE <b>7-5-06</b> (NOTE: Registered Agent signature required when reinstating)

<b>Filing Fee is \$50.00 Due by September 6, 2006</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR NORDELL, LENA K 11 RIVERSIDE DRIVE, SUITE 210 COCOA, FL 32922</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>640 BREVARD AVE. #104 COCOA, FL 32922</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <b>[Signature]</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	DATE <b>7-5-06</b> DAYTIME PHONE # <b>321-632-4887</b>