
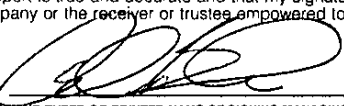


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 05, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L05000082884</b>			
1. Entity Name SEA & SEA PARTNERS, LLC			
Principal Place of Business 3500 GALT OCEAN DRIVE UNIT 317 FORT LAUDERDALE, FL 33308		Mailing Address 3309 HIDDEN SPRINGS LANE LOUISVILLE, KY 40059	
<b>DO NOT WRITE IN THIS SPACE</b>			
		01222007 No Chg-LLC CR2E083 (11/05)	
		4. FEI Number 20-3341006	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent			<b>DO NOT WRITE IN THIS SPACE</b>
DANIEL L. OSBORNE, P.A. 315 5TH STREET WEST PALM BEACH, FL 33401			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
Filing Fee is \$50.00 Due by May 1, 2007			
U000000622706 02/13/07-80036-018 50.00			
9. MANAGING MEMBERS/MANAGERS			
TITLE	MGRM	<b>DO NOT WRITE IN THIS SPACE</b>	
NAME	OSBORNE, CHRISTOPHER A		
STREET ADDRESS	3500 GALT OCEAN DRIVE, UNIT 317		
CITY- ST- ZIP	FORT LAUDERDALE, FL 33308		
TITLE	MGRM		
NAME	BAKER, CARL		
STREET ADDRESS	3500 GALT OCEAN DRIVE, UNIT 317		
CITY- ST- ZIP	FORT LAUDERDALE, FL 33308		
TITLE			
NAME			
STREET ADDRESS			
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TITLE			
NAME			
STREET ADDRESS			
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.			
SIGNATURE: 		1/29/07 52-5584077	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	