

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000105526

Entity Name: SEWORKS, LLC

FILED
Jan 25, 2008
Secretary of State

Current Principal Place of Business:

4700 GULF OF MEXICO DRIVE, D-206
LONGBOAT KEY, FL 34228

Current Mailing Address:

4700 GULF OF MEXICO DRIVE, D-206
LONGBOAT KEY, FL 34228

FEI Number: 43-2092437

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BURMEISTER, C. JAMES
4700 GULF OF MEXICO DRIVE, D-206
LONGBOAT KEY, FL 34228 US

Name and Address of New Registered Agent:

BURMEISTER, C. JAMES
4700 GULF OF MEXICO DRIVE, D-206
D-206
LONGBOAT KEY, FL 34228 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:

01/25/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: BURMEISTER, C. JAMES
Address: 4700 GULF OF MEXICO DRIVE, D-206
City-St-Zip: LONGBOAT KEY, FL 34228

Title: MGR () Delete
Name: BURMEISTER, PENNY H
Address: 4700 GULF OF MEXICO DRIVE, D-206
City-St-Zip: LONGBOAT KEY, FL 34228

Title: MGR () Delete
Name: BURMEISTER, TODD J
Address: 11100 OXBOW TRAIL
City-St-Zip: CAHMPLIN, MN 55316

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: C. JAMES BURMEISTER

MGR

01/25/2008

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