


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 06, 2006 8:00 am**  
**Secretary of State**

01-31-2006 90026 003 \*\*\*\*50.00

<b>DOCUMENT # L05000115546</b>					
1. Entity Name <b>SEA CHALETS, LLC</b>					
Principal Place of Business <b>8610 SW 94TH STREET MIAMI, FL 33156</b>			Mailing Address <b>8610 SW 94TH STREET MIAMI, FL 33156</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>FEANNY, SUZANNE 8610 SW 94TH STREET MIAMI, FL 33156</b>				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	FL Zip Code
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: <i>Suzanne Feanny</i>				DATE: <i>January 18th 06</i>	
Filing Fee is \$50.00 Due by May 1, 2006				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	MGRM <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	FEANNY, SUZANNE	NAME	ELIAS FEANNY		
STREET ADDRESS	8610 SW 94TH STREET	STREET ADDRESS	8610 SW 94th ST		
CITY - ST - ZIP	MIAMI, FL 33156	CITY - ST - ZIP	MIAMI, FL 33156		
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FEANNY, NICHOLAS	NAME			
STREET ADDRESS	8610 SW 94TH STREET	STREET ADDRESS			
CITY - ST - ZIP	MIAMI, FL 33156	CITY - ST - ZIP			
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MAFOOD, WILLIAM	NAME	WILLIAM MAHFOOD		
STREET ADDRESS	8610 SW 94TH STREET	STREET ADDRESS			
CITY - ST - ZIP	MIAMI, FL 33156	CITY - ST - ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME		NAME	ELIAS FEANNY		
STREET ADDRESS		STREET ADDRESS	8610 SW 94 ST		
CITY - ST - ZIP		CITY - ST - ZIP	MIAMI FL 33156		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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.					
SIGNATURE: <i>Suzanne Feanny</i>				DATE: <i>January 18th 06</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date	
				Daytime Phone #	
				<i>(305) 998-3210</i>	

