## 2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

## Sep 10, 2007 8:00 am Secretary of State **DOCUMENT # L06000047317** 09-10-2007 90102 034 \*\*\*\*50.00 1. Entity Name SEA GROVE, LLC Principal Place of Business Mailing Address 3323 PONOKA ROAD 3323 PONOKA ROAD 60055717 PITTSBURGH, PA 15241 PITTSBURGH, PA 15241 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 08082007 Chg-LLC CR2E083 (12/06) City & State 4. FEI Number Applied For City & State 20-5290760 Not Applicable Country Zip Country Ziο \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 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 Signature, typed or printed name of registrared agent and little if applicable. (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by September 14, 2007 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9. MGRM ☐ Delete TITI F Change ☐ Addition TITLE RICHARDSON, J. WILLIAM & NAME NAME STREET ADDRESS 3323 PONOKA ROAD STREET ADDRESS PITTSBURGH, PA 15241 1 1 CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TIT1 F NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-7IP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete nn s ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-\$1-ZIP CITY-ST-7IP

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.

11. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information

MULLIA KURAUSA.
PPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE SIGNATURE:

FILED