

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 16, 2007 8:00 am**  
**Secretary of State**

05-16-2007 90173 023 \*\*\*\*50.00

<b>DOCUMENT # L06000055135</b>					
<b>1. Entity Name</b> 3 SEAS OF FLORIDA, LLC					
<b>Principal Place of Business</b> 8107 BARDMOOR PLACE, #101 LARGO, FL 33777			<b>Mailing Address</b> 8107 BARDMOOR PLACE, #101 LARGO, FL 33777		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 05142007    Chg-LLC    CR2E083 (12/06)	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> \$5.00 Additional Fee Required				<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
<b>6. Name and Address of Current Registered Agent</b> LAMBETH, CHARLES F 8107 BARDMOOR PLACE, #101 LARGO, FL 33777 <i>WROUGS MIDDLE INITIAL</i>			<b>7. Name and Address of New Registered Agent</b> Name: CHARLES F. LAMBETH Street Address (P.O. Box Number is Not Acceptable): SAME City: SAME    FL    Zip Code: SAME		
<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.</b> SIGNATURE: <i>Charles F. Lambeth</i> DATE: 5/14/07 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)</small>					
<b>Filing Fee is \$50.00</b> <b>Due by September 14, 2007</b>		<b>Make check payable to</b> <b>Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM LAMBETH, CHARLES F 8107 BARDMOOR PLACE, #101 LARGO, FL 33777	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM LAMBETH, CHARLES F 8107 BARDMOOR PLACE, #101 LARGO, FL 33777	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM LAMBETH, CHARLES F 8107 BARDMOOR PLACE, #101 LARGO, FL 33777	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM LAMBETH, CHARLES F 8107 BARDMOOR PLACE, #101 LARGO, FL 33777	<input type="checkbox"/> Delete			
<b>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.</b>					
<b>SIGNATURE:</b> <i>Charles F. Lambeth</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				Date: 5/14/07    Daytime Phone #: (727) 688-2130	