

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000111906

Entity Name: SEA FURY PROPERTIES, LLC

FILED
Aug 31, 2007
Secretary of State

Current Principal Place of Business:

1229 SE PORT ST. LUCIE BLVD
PORT SAINT LUCIE, FL 34984 US

New Principal Place of Business:

Current Mailing Address:

208 SW PORT ST. LUCIE BLVD
PORT SAINT LUCIE, FL 34984 US

New Mailing Address:

1225 SE PORT ST. LUCIE BLVD
UNIT A
PORT SAINT LUCIE, FL 34952 US

FEI Number: 20-5911656 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

NADALIN, MARGERY
208 SW PORT ST. LUCIE BLVD
PORT ST LUCIE, FL 34984 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: NADALIN, ANDREW
Address: 208 SW PORT SAINT LUCIE BLVD
City-St-Zip: PORT ST LUCIE, FL 34984 US

Title: MGRM () Delete
Name: NADALIN, MARGERY
Address: 208 SW PORT SAINT LUCIE BLVD
City-St-Zip: PORT ST LUCIE, FL 34984 US

ADDITIONS/CHANGES:

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: ANDREW NADALIN

MGRM

08/31/2007

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