2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000120888

Entity Name: SEA CUPS, LLC

City-St-Zip:

FILED Mar 20, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 951 CAROLINE STREET KEY WEST, FL 33040 **Current Mailing Address: New Mailing Address:** 955 CAROLINE STREET SUITE #1 KEY WEST, FL 33040 US FEI Number: 71-1019001 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SMITH, WAYNE L 333 FLÉMING STREET KEY WEST, FL 33040 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: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete DALE, DARMANTE T Name: Name: Address: 1107 KEYS PLAZA, PMB NO. 187 Address: City-St-Zip: KEY WEST, FL 33040 US City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: GILVARY, MICHAEL J PRES. Name: Address: 955 CAROLINE STREET #1 Address: City-St-Zip: KEY WEST, FL 33040 US City-St-Zip: Title: () Delete Title: MGRM () Change (X) Addition Name: REYNOLDS, NICOLE M GM Name: Address: Address: 955 CAROLINE STREET #1

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.

City-St-Zip:

KEY WEST, FL 33040 US

SIGNATURE: NICOLE REYNOLDS MGRM 03/20/2008