

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000063691

FILED
Aug 29, 2008
Secretary of State

Entity Name: SEA WATCH PROPERTIES, LLC

Current Principal Place of Business:

1855 ROCKLEDGE DRIVE
ROCKLEDGE, FL 32955

New Principal Place of Business:

Current Mailing Address:

1855 ROCKLEDGE DRIVE
ROCKLEDGE, FL 32955

New Mailing Address:

FEI Number: 36-4610706 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:

Name and Address of New Registered Agent:

CERQUA, STEPHEN JR
1855 ROCKLEDGE DRIVE
ROCKLEDGE, FL 32955 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:

Title: MGRM () Delete
Name: CERQUA, STEPHEN JR
Address: 1855 ROCKLEDGE DRIVE
City-St-Zip: ROCKLEDGE, FL 32955

Title: MGRM () Delete
Name: SCHNIEDER, ARNO J
Address: 4 WINDING WOODS
City-St-Zip: CHARLESTON, VA 25311

Title: MGRM () Delete
Name: PAAS, PHILLIP A
Address: 1567 SUMMIT DRIVE
City-St-Zip: CHARLESTON, VA 25302

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: STEPHEN CERQUA

MGRM

08/29/2008

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