

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L95000000365

1. Entity Name
SEAFARI MARINE GROUP, L.C.

Principal Place of Business
**3920 RCA BLVD.
PALM BEACH GARDENS FL 33410**

Mailing Address
**3920 RCA BLVD.
SUITE 2004
PALM BEACH GARDENS FL 33410**

FILED

01 JAN 25 PM 2:45

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0578734**

Applied For
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MAASS, ROBB R
321 ROYAL POINCIANA PLAZA
PALM BEACH FL 33480**

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** 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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State**

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
TITLE NAME	STREET ADDRESS CITY-ST-ZIP	TITLE NAME	STREET ADDRESS CITY-ST-ZIP
<input type="checkbox"/> Delete	MGRM THE PINNACLE TRUST P.O. BOX 513 N/A CAYMAN ISLAND, BRITISH INDIES	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete	MGRM RESTINO, ROBERT F 3920 RCA BLVD. PALM BEACH GARDENS FL 33410	<input type="checkbox"/> Change <input type="checkbox"/> Addition	500003601295--8 -01/30/01--01057--008
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	*****50.00 *****50.00
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	<i>W</i>
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

SIGNATURE: _____ **REQUIRED** **1/22/01 561-694-0110**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)