FILE NO	W: Fee afte	r May	<mark>/1, will</mark> b	e \$ 5	88.75				
LIMITED LIABILITY COMPANY ANNUAL REPORT 1997					OF STATE ham ate	า คำได้ว่า ไ			
FILING FEE Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee \$ 203.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE						SECRETARY OF STATE TALLAHASSEE, FLORIDA			
1. Name and Mailin of Limited Liabilit	g Address y Company DOCL	IMEN	Т #1.96000	0013	00	1			
SEAHAWK RESEARCH L.C. 270 WOODCREST ROAD KEY BISCAYNE FL 33149						1e. Principal Place of Business Address			
						270 WOODCREST ROAD KEY BISCAYNE FL 33149			
if above mailing add	ect information and e ailing Address	nformation and enter correction in Block 2a. g Address			3. Date Organized or Qualified 3a. State of Formation				
2. Principal Place of Business 2a. M						2/11/19	96	FL	
				4. "PETNOMOR		Applied For			
City & State	······································	City &	State] .		Not Applicable	
Zip	Country		Zip			5. Date of Last Report		6. Certificate of Status Desired	
				 				S8-75-Additional Fee Required	
7. 1	iame and Address of Currer	it Régister	ed Agent		Name	8. Name and Add	tress of New R	egistered Agent	
its registered office of		ne State of F	lorida. Such change	s, the abo le was aut	horized by affirm	ative vote of a major		Zip Code ement for the purpose of changing rs. I hereby accept the appointment	
10. Title	Managing Members/Manage	ers		Business	Street Address	·= '	City	, State and Zip Code	
MGRM KEYS,	KEYS, TYLER 270 WOOD				T ROAD		KEY BIS	CAYNE FL	
MGRM KEVS , DAY	JONATHAN K		270 WOOD	CRES	T ROAD	:	KEY BIS	CAYNE FL	
<u> </u>						50	0002	1624650 /9701106010 03.75 ****203.75	
indicated on this ann	ual report is true and accurate any or the receiver or trustee e address.	and that m mpowered	y signature shall ha	ave the sa ort as requ	ilred by Chapter	is if made under oat 608, Florida Statute	h; that I am a ma	I further certify that the information naging member or manager of the ame appears in Block 10, or on an <u>305-361 - 5735</u> Degrime Proce #	

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