


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 25, 2006 08:00 AM
Secretary of State

DOCUMENT # L97000001254	
1. Entity Name SEA OAKS INVESTMENT GP, L.C.	

Principal Place of Business 1235 WINDING OAKS CIR. VERO BEACH, FL 32963	Mailing Address 1235 WINDING OAKS CIR. VERO BEACH, FL 32963
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DO NOT WRITE IN THIS SPACE



01102006No Chg-LLC

CR2E083 (11/05)

4. FEI Number 65-0826328	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent BRION, JACQUES 1235 WINDING OAKS CIR. VERO BEACH, FL 32963

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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. I am familiar with, and accept the obligations of registered agent.


SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BONNET, ERIC 1235 WINDING OAKS CIR. VERO BEACH, FL 32963
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BRION, JACQUES 1235 WINDING OAKS CIR. VERO BEACH, FL 32963
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BRION, JACQUES 1235 WINDING OAKS CIR. VERO BEACH, FL 32963
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<p>U00000532205 05/06/06-80071-015 50.00</p> <p>DO NOT WRITE IN THIS SPACE</p>

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  **Jan 18, 2006** **ERIC BONNET**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #