2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

FILED May 02, 2008 08:00 AN Secretary of State



DO NOT WRITE IN THIS SPACE

04302008No Chg-LLC

CR2E083 (12/07)

4. FEI Number 65-0826328

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BRION, JACQUES 1235 WINDING OAKS CIR. VERO BEACH, FL 32963 DO NOT WRITE IN THIS SPACE

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

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.78

9.	MANAGING MEMBERS/MANAGERS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BRION, JACQUES 1235 WINDING OAKS CIR. VERO BEACH, FL 32983
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
TITLE NAME STREET ADDRESS CITY-S1-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000943951 05/29/08-80080-015 138.75

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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 llability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED CHAPRENTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/29/08

231-9820

Daytime Phone i