

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 05, 2003 8:00 am**  
**Secretary of State**

02-05-2003 90030 031 \*\*\*\*50.00

**DOCUMENT # L97000001404**

1. Entity Name  
**SEALINK INVESTMENTS, L.C.**



Principal Place of Business

**C/O SALES PAVILION  
790 ANDREWS AVENUE  
DELRAY BEACH FL 33483**

Mailing Address

**% BLAKELEY INVESTMENT CO.  
60 STATE STREET, SUITE 3400  
BOSTON MA 02109**

2. Principal Place of Business

**770 East Atlantic Ave.**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Suite 201**

City & State

**Delray Beach**

City & State

4. FEI Number **65-0808485**

Applied For

Not Applicable

Zip

**33483**

Country

**FL**

Zip

Country

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

6. Name and Address of Current Registered Agent

**LISTICK, MICHAEL M  
616 E. ATLANTIC AVENUE  
DELRAY BEACH FL 33483**

7. Name and Address of New Registered Agent

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. 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 \$50.00  
Make Check Payable to Florida Department of State  
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete  
NAME **BLAKELEY, GERALD W III**  
STREET ADDRESS **790 ANDREWS AVENUE**  
CITY-ST-ZIP **DELRAY BEACH FL 33483**

TITLE **MGR** ☐ Delete  
NAME **BLAKELEY, GERALD W JR.**  
STREET ADDRESS **790 ANDREWS AVENUE**  
CITY-ST-ZIP **DELRAY BEACH FL 33483**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

**SIGNATURE REQUIRED**  
*[Signature]*

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

Date

**1/28/03**

Daytime Phone #

**617-227-3900**

CR2E083 (10/02)