2001 UNIFORM BUSINESS REPORT (UBR)

				<u>, </u>					
DOCUMENT # L9900001316 1. Entity Name SEA BISCUIT LLC						FILED		,	
						01 MAY -7 PM 3:	07		
Principal Place of Business 1001 EAST LAS OLAS BOULEVARD. SUITE 200 FORT LAUDERDALE FL 33301 Mailing Address P.O. BOX 030248 FORT LAUDERDALE FL 33303					· 1	TALLAHASSEE, FLORIDA			
2. Principal Pl	ace of Business	3. Mailing Address				: (300)(31); 610 (611)(60 (511); 601)(60 (511)	,1	 0 0 	
Suite, Apt.	#, etc. '	Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE			
City & State	•	City & State			4. FE1 N	~ 000000 [oplied For ot Applicable	
Zip	Country	Zip Coun		try		icate of Status Desired	\$5.00 Add	ditional	
4	6. Name and Address of Current	Registered Agent	<u> </u>	· · · · · · · · · · · · · · · · · · ·	7. Name	e and Address of New Regist			
<u>i</u> .	•	-	,	Name	٠,		<u> </u>		
M.R. MCTIGUE & CO. 1001 EAST LAS OLAS BOULEVARD, SUITE 200					dress (P.O. Box N	lumber is Not Acceptable)			
FORT LAI	JDERDALE FL 33301				,				
				City			FL Zip Cod	е	
. 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 _	Signature hand or printed page of registered agent	and title if annihable (AIC)	C. Bogistoro	d Agent eigestyre	required when reinstati		DATE		
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required						- 8000043 -	rsoro		
FILE NOW!!! FE					0.00		101020	004	
		Make Check Pa	ayable t	o Departm	ent of State	****50.	.00 *****	50.00	
9.	MANAGING MEMB	EDS /MEMBEDS	10.			ADDITIONS/CHA	NGES		
TITLE	MGR	Delete	TITL	·		ADDITIONS/CHA	☐ Change	Addition	
NAME	M.R. MCTIGUE & CO.	E3 Onicio	NAM		•		onango		
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CITY-ST-ZIP	FUNI LAUDENDALE PL 33303		CITY	-ST-ZIP					
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	ertify that the information conclined with	this filing does not guest for		-ST-ZiP	d in Cooting #10.1	77(2)(i) Elorido Ctatuta a de est		nfavorett	
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.									
A16	12 Commission	The state of the s	c51d	ent B	r.p.pno	Tiguette	س.ہے ہے		
SIGNATURE SIGNATURE AND TYPED OR PRINTED MADE OF SIGNING MANAGING MEMBER, MANAGER, OFFAUTHORIZED REPRESENTATIVE DISCONSISTENCE DESCRIPTION OF									