2006 LIMITED LIABILITY COMPANY

SIGNATURE

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHOR

May 01, 2006 8:00 am Secretary of State **ANNUAL REPORT** 05-01-2006 90063 042 ****50.00 **DOCUMENT # L99000006397** 1. Entity Name SEA HOLDINGS, LLC ~~~ Principal Place of Business Mailing Address 700 LAKE DRIVE P.O. BOX 1583 BOCA RATON, FL 33432 BOCA RATON, FL 33429 03182006 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0958069 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HAFT, STUART J ESQ. DO NOT WRITE 321 ROYAL POINCIANA PLAZA, SOUTH PALM BEACH, FL 33480 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. DATE (NQTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2006 MANAGING MEMBERS/MANAGERS 9. MGRM TITLE KMS FAMILY PARTNERSHIP, LP NAME 700 LAKE DRIVE STREET ADDRESS BOCA RATON, FL 33432 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-7IP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP 11. I hereby certify that the information supplied with this filling 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.

D REPRESENTATIVE

FILED