

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 07, 2003 8:00 am**  
**Secretary of State**

08-07-2003 90064 043 \*\*\*\*\*55.00

**DOCUMENT # L99000006397**

1. Entity Name

**SEA HOLDINGS, LLC**



Principal Place of Business

**ONE TOWN CENTER ROAD  
BOCA RATON FL 33486**

Mailing Address

**C/O K.D. MCRAE  
P.O. BOX 910  
EXETER MI 03833  
02**

2. Principal Place of Business

**700 Lake Drive**

3. Mailing Address

**PO Box 1583**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Boca Raton, FL**

City & State

**Boca Raton, FL**

Zip

**33432**

Country

**USA**

Zip

**33429**

Country

**USA**

4. FEI Number

**65-0958069**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**HAFT, STUART J ESQ.  
321 ROYAL POINCIANA PLAZA, SOUTH  
PALM BEACH FL 33480**

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 September 24, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete  
NAME **KMS FAMILY PARTNERSHIP, LP**  
STREET ADDRESS **1 TYCO PARK**  
CITY-ST-ZIP **EXETER NH 03833**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition  
NAME **KMS Family Partnership**  
STREET ADDRESS **700 Lake Drive**  
CITY-ST-ZIP **Boca Raton, FL 33432**

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

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

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

**7/16/03**

Date

**561-347-8700**

Daytime Phone #

CR2E083 (4/03)