

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 06, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # L99000007746

1. Entity Name  
SEALORD'S LODGE, L.L.C.



Principal Place of Business

621 SOUTH FEDERAL HWY  
STE 9  
FORT LAUDERDALE, FL 33301-3145

Mailing Address

621 SOUTH FEDERAL HWY  
STE 9  
FORT LAUDERDALE, FL 33301-3145



02042004 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

65-0991780

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

EHMKE, DANIEL P  
621 SOUTH FEDERAL HWY  
STE 9  
FORT LAUDERDALE, FL 33301-3145

**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

**Filing Fee is \$50.00  
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR  
NAME SCHULZ, GOTTFRIED  
STREET ADDRESS 621 S. FEDERAL HWY, #9  
CITY-ST-ZIP FT. LAUDERDALE, FL 333013145

TITLE MGRM  
NAME EHMKE, DANIEL  
STREET ADDRESS 621 S. FEDERAL HWY, #9  
CITY-ST-ZIP FT. LAUDERDALE, FL 333013145

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

UN00000038080  
02/06/04-80125-004 50.00

**DO NOT WRITE  
IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

*Managing Member* 2/3/04 954 462 1040