

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 07, 2005 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



01102005 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 <input type="checkbox"/>	\$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 reinstalling)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2005**

**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	
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U000000253145  
03/07/05-80023-003 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 #

1/28/05 951-525-6609