

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 28, 2003 8:00 am**  
**Secretary of State**

03-28-2003 90005 011 \*\*\*\*55.00

DOCUMENT # M01000001435

1. Entity Name



SEA DIAMOND INVESTORS, LLC

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
3408 Dover Road

3. Mailing Address  
3408 Dover Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
Pompano Beach, FL

City & State  
Pompano Beach, FL

4. FEI Number  
39-2004066

Applied For  
Not Applicable

Zip Country  
33062

Zip Country  
33062

5. Certificate of Status Desired  \$5.00 Additional Fee Required

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name

Frank Crivello

Street Address (P.O. Box Number is Not Acceptable)

3408 Dover Rd

City

Pompano Beach

FL

Zip Code  
33062

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 \_\_\_\_\_

**FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**DUE BY MAY 1**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	David M. Marks - MGR 1818 N. Farwell Ave Milwaukee, WI 53202	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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CR2E083B (12/02)

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:** David M. Marks Manager 3/21/03 (954) 532-0240  
Signature and typed or printed name of signing managing member, manager, or authorized representative Date Daytime Phone #