2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

Feb 28, 2005 08:00 AM DOCUMENT # M03000002894 Secretary of State 1. Entity Name SEA, LTD. CO. Principal Place of Business Mailing Address 7349 WORTHINGTON-GALENA ROAD WORTHINGTON OH 43085 7349 WORTHINGTON-GALENA ROAD WORTHINGTON OH 43085 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc Suite Apt #. etc. 1st MOORE CR2E083 (10/04) 4. FEI Number City & State City & State Applied For 72-1569235 Not Applicab! Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name NRAI SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 526 E. PARK AVENUE TALLAHASSEE FL 32301 City 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50,00 Make Check Payable to Florida Department of State Due By May 1, 2005 MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES TITLE MGRM ☐ Delete THE ☐ Change Additio BAKER, GLENN R NAME NAME STREET ADDRESS 7349 WORTHINGTON-GALENA ROAD STREET ADDRESS CITY-ST-ZIP WORTHINGTON OH 43085 CITY-ST-7IP Delete TITLE Change ☐ Addition 000000245764 NAME CAROCCI, MICHAEL P NAME 02/28/05-8003**8-**022 **50.00** STREET ADDRESS 7349 WORTHINGTON-GALENA ROAD STREET ADDRESS CITY-ST-ZIP CHTY-ST-ZIP WORTHINGTON OH 43085 TITLE ☐ Dalete MLE ☐ Change 🗀 Addišc MGRM NAME FRIEDMAN, ALFRED NAME STREET ADDRESS 7349 WORTHINGTON-GALENA ROAD STREET ADDRESS CITY-ST-ZIF CITY-ST-7IP WORTHINGTON OH 43085 MGRM TITLE ☐ Delete TITLE ☐ Change ☐ Additio NAME SIECKMAN, ROBERT W NAME STREET ADDRESS 7349 WORTHINGTON-GALENA ROAD STREET ADDRESS WORTHINGTON OH 43085 CITY-ST-7IP CiJY-ST-7IP TITLE ☐ Delete HILE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHA-21-56 TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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.

NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

Daytime Phone 4