

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000001662

FILED
Jun 17, 2009
Secretary of State

Entity Name: SEA INVESTMENTS, L.L.C.

Current Principal Place of Business:

10350 BREN RD W
MINNETONKA, MN 55343

New Principal Place of Business:

10350 BREN ROAD WEST
MINNETONKA, MN 55343

Current Mailing Address:

10350 BREN RD W
MINNETONKA, MN 55343

New Mailing Address:

10350 BREN ROAD WEST
MINNETONKA, MN 55343

FEI Number: 20-1073448 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: DP () Delete
Name: BEDNAROWSKI, KEITH P
Address: 10350 BREN RD W
City-St-Zip: MINNETONKA, MN 55343

Title: VPTS () Delete
Name: CAMPA, LUZ
Address: 10350 BREN RD W
City-St-Zip: MINNETONKA, MN 55343

Title: VP () Delete
Name: FLANNIGAN, SUZANNE H
Address: 10350 BREN RD W
City-St-Zip: MINNETONKA, MN 55343

Title: VPAS () Delete
Name: LAU, WADE
Address: 10350 BREN RD W
City-St-Zip: MINNETONKA, MN 55343

Title: TO () Delete
Name: BOZESKY, MARGARET A
Address: 10350 BREN RD W
City-St-Zip: MINNETONKA, MN 55343

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: SUZANNE FLANNIGAN

VP

06/17/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date