

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M07000004800

FILED
Apr 26, 2010
Secretary of State

Entity Name: SEAPLAN LLC

Current Principal Place of Business:

500 NORTH BROADWAY
JERICO, NY 11753

New Principal Place of Business:

11540 US HIGHWAY 92 EAST
SEFFNER, FL 33584

Current Mailing Address:

500 NORTH BROADWAY
JERICO, NY 11753

New Mailing Address:

11540 US HIGHWAY 92 EAST
SEFFNER, FL 33584

FEI Number: 11-3510192

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BEVER, DAVID A
% DLA PIPER US LLP
101 E. KENNEDY BLVD., STE. 2000
TAMPA, FL 33602 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: MGRM
Name: SEAMAN, JEFFREY
Address: 400 PERIMETER CENTER TERRACE, STE. 800
City-St-Zip: ATLANTA, GA 30346

Title: MGRM
Name: PLANCHER, JILL SEAMAN
Address: 500 NORTH BROADWAY
City-St-Zip: JERICO, NY 11753

Title: PS
Name: STEIN, LEWIS
Address: 11540 US HIGHWAY 92 EAST
City-St-Zip: SEFFNER, FL 33584

Title: V
Name: FINKEL, JEFFREY
Address: 400 PERIMETER CENTER TERRACE STE 800
City-St-Zip: ATLANTA, GA 30346

Title: V
Name: WEITZNER, PETER
Address: 400 PERIMETER CENTER TERRACE STE 800
City-St-Zip: ATLANTA, GA 30346

Title: VST
Name: KETTLE, MICHAEL
Address: 400 PERIMETER CENTER TERRACE STE 800
City-St-Zip: ATLANTA, GA 30346

I hereby 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: LEWIS STEIN

PS

04/26/2010

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