2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

DOCUMENT # M98000000912

1. Entity Name SEA BANDIT, LLC



Principal Place of Business

3301 SOUTHWESTERN BLVD. DALLAS, TX 75225

Mailing Address

3301 SOUTHWESTERN BLVD. DALLAS, TX 75225

FILED Aug 04, 2008 08:00 AM Secretary of State



07282008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number Applied For 75-2775665 \$5.00 Additional 5. Certificate of Status Desired Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

DO NOT WRITE IN THIS SPACE

named entity submits this statement for tritions of registered agent.	e purpose of cha	anging its registered	office or regi	stered agent, or		am familiar with, and accept
SIGNATURE			stered Agent signature required when reinstating) DATE			
E NOW!!! FEE IS \$138.75 by September 12, 2008	liability com					
9. MANAGING MEMBERS/MANAGERS						
MGRM DORAMUS, W. MICHAEL 3301 SOUTHWESTERN BLVD. DALLAS, TX 75225				10.		
	Signature. Speed or printed name of registered agent and E NOW!!! FEE IS \$138.75 by September 12, 2008 MANAGING MEMBERS MGRM DORAMUS, W. MICHAEL 3301 SOUTHWESTERN BLVD.	Signature, typed or printed name of registered agent and trie if applicable E NOW!!! FEE IS \$138.75 In accordar liability com MANAGING MEMBERS/MANAGERS MGRM DORAMUS, W. MICHAEL 3301 SOUTHWESTERN BLVD.	Signature, typed or printed name of registered agent and trie-if applicable (NOTE: Registered Agent	Signature. Note: Registered agent and title if applicable E NOW!!! FEE IS \$138.75	Signature. Typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) E NOW!!! FEE IS \$138.75 In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. MANAGING MEMBERS/MANAGERS MGRM DORAMUS, W. MICHAEL 3301 SOUTHWESTERN BLVD.	Signature Typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) E NOW!!! FEE IS \$138.75

DO NOT WRITE IN THIS SPACE

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. 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.

W. Michael Doramus

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE