2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M98000001116

1. Entity Name
SEA STAR LINE, LLC

FILED
01 APR 27 PM 9:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
100 BELL TEL WAY, SUTIE 300 JACKSONVILLE FL 32216	100 BELL TEL WAY, SUTIE 300 JACKSONVILLE FL 32216

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 91-1929743 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ROBINSON, WESLEY M ESQ 501 BRICKELL KEY DRIVE COURVOISIER CENTRE I SUITE 504 MIAMI FL 33131	Name Street Address (P.O. Box Number is Not Acceptable) City FL 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.

SIGNATURE ______________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State

300004218963--6
-05/15/01--01146--022
*****55.00 *****55.00

9. MANAGING MEMBERS/MEMBERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SALTCHUK RESORCES CORP 1111 FAIRVIEW AVENUE NORTH SEATTLE WA 98109	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MATSON NAVIGATION CO 333 MARKET STREET SAN FRANCISCO CA 94120	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Zip Code should be 94105	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TAINO STAR INVESTMENT, INC. FERNANDEZ JUNCOS AVENUE, PIER 11 SAN JUAN, PUERTO RICO PR 00902-2746	☐ Delete	~~TITLE~~ ~~NAME~~ STREET ADDRESS CITY-ST-ZIP	MENACO BLDG. 550 ROAD 5 LUCHETTI INDUSTRIAL PARK MARGINAL OESTE BAYAMON, PR 00961	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: [signature] Robert J Leeson 4-27-01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

CR2E083 (11/00)