

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 19, 2008 08:00 AM
Secretary of State

DOCUMENT # F96000002630

1. Entity Name
BWH MARINA CORPORATION II



Principal Place of Business
**23805 STUART RANCH ROAD
SUITE 220
MALIBU, CA 90265**

Mailing Address
**23805 STUART RANCH ROAD
SUITE 220
MALIBU, CA 90265**



05052008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
95-4516880

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

8. Name and Address of Current Registered Agent

**NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

U00000951629

06/04/08-80044-005 150.00

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PCFO SINGLELYN, DAVID P 23805 STUART RANCH RD, STE 220 MALIBU, CA 90265
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V GOLDBERG, DAVID 23805 STUART RANCH RD, STE 220 MALIBU, CA 90265
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VAS KIM, SARA H 23805 STUART RANCH RD, STE 220 MALIBU, CA 90265
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V HUNINNG, RAYMOND F 23805 STUART RANCH RD, STE 220 MALIBU, CA 90265
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V CHAN, VINCENT R 23805 STUART RANCH RD, STE 220 MALIBU, CA 90265
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sara H. Kim
Sara H. Kim

5-5-08 310-317-1443

Date

Daytime Phone #