

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000034106

Entity Name: SEA GRANDCHILD ISIMA, LLC

FILED
Apr 22, 2007
Secretary of State

Current Principal Place of Business:

1820 NORTH CORPORATE LAKES BLVD., STE 207
WESTON, FL 33326

New Principal Place of Business:

Current Mailing Address:

1265 NW 140TH TERRACE
PEMBROKE PINES, FL 33028

New Mailing Address:

FEI Number: 20-2726624

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARTINEZ, ISABEL
1820 NORTH CORPORATE LAKES BLVD., STE 207
WESTON, FL 33326 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: MGR () Delete
Name: LAYDERA C., IVIA R
Address: 1265 NW 140TH TERRACE
City-St-Zip: PEMBROKE PINES, FL 33028

Title: MGR () Delete
Name: ARTILES DE PALAZZI, CLAUDIA M
Address: 1265 NW 140TH TERRACE
City-St-Zip: PEMBROKE PINES, FL 33028

Title: MGR () Delete
Name: ARTILES, OSWALDO
Address: 1265 NW 140TH TERRACE
City-St-Zip: PEMBROKE PINES, FL 33028

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:

I hereby certify that the information supplied with this filing does not qualify for the 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: OSWALDO ARTILES

MGR

04/22/2007

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