

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Aug 30, 2007 8:00 am**  
**Secretary of State**

08-30-2007 90090 001 \*\*\*150.00

**30012599**




08202007 Chg-LLC CR2E083 (12/06)

<b>DOCUMENT # L05000082992</b> 1. Entity Name <b>SEA DRIFT COVE INVESTMENTS II, LLC</b>					
Principal Place of Business <b>29169 HEATHERCLIFF SUITE 208 MALIBU, CA 90265 US</b>			Mailing Address <b>29169 HEATHERCLIFF SUITE 208 MALIBU, CA 90265 US</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.		4. FEI Number <b>20-3364283</b> Applied For <input type="checkbox"/> Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent  <b>WOOD, BRADLEY J ESQ. 2639 DR. M.L. KING, JR. STREET NORTH ST. PETERSBURG, FL 33704</b>				7. Name and Address of New Registered Agent Name <b>Wood, Bradley J., Esquire</b> Street Address (P.O. Box Number is Not Acceptable) <b>600 First Avenue North, Suite 302</b> City <b>St. Petersburg</b> <b>FL</b> Zip Code <b>33701</b>	
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 <u><i>Bradley J. Wood</i></u> <b>Bradley J. Wood, Esquire</b> <b>8/29/07</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$50.00 Due by September 14, 2007</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM BAKER, BART 26169 HEATHERCLIFF, SUITE 208 MALIBU, CA 90265</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM CALVO MANAGEMENT INTERNATIONAL, INC. 914 CURLEW ROAD, #354 DUNEDIN, FL 34698</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE:</b> <u><i>Fabian Calvo</i></u> <b>Fabian Calvo, President, Calvo Man. Inter. Inc.</b> <b>8/29/07</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				(727) 423-1872 <small>Date Daytime Phone #</small>	

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

ATTACHMENT

#300/2599

<b>DOCUMENT # L05000082992</b> 1. Entity Name SEA DRIFT COVE INVESTMENTS II, LLC					
Principal Place of Business 29169 HEATHERCLIFF SUITE 208 MALIBU, CA 90265 US			Mailing Address 29169 HEATHERCLIFF SUITE 208 MALIBU, CA 90265 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-3364283	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
WOOD, BRADLEY J ESQ. 2639 DR. M.L. KING, JR. STREET NORTH ST. PETERSBURG, FL 33704				Name Wood, Bradley J., Esquire	
				Street Address (P.O. Box Number is Not Acceptable) 600 First Avenue North, Suite 302	
				City St. Petersburg FL Zip Code 33701	
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 <i>Bradley J. Wood</i>		Bradley J. Wood, Esquire		8/29/07	
Filing Fee is \$50.00 Due by September 14, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BAKER, BART 26169 HEATHERCLIFF, SUITE 208 MALIBU, CA 90265	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CALVO MANAGEMENT INTERNATIONAL, INC. 914 CURLEW ROAD, #354 DUNEDIN, FL 34698	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition			
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.					
SIGNATURE: <i>Fabian Calvo</i>				(727) 423-1872 8/29/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date Daytime Phone #	