

2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT

**FILED**  
**Apr 20, 2004 8:00 am**  
**Secretary of State**

04-20-2004 90182 042 \*\*\*\*55.00

DOCUMENT # L98000002580

1. Entity Name  
SEAWIND CARIBBEAN, L.C.



Principal Place of Business  
242 CROWN OAKS WAY  
LONGWOOD, FL 32779

Mailing Address  
P.O. BOX 1865  
MINNEOLA, FL 34755

64010101



04022004 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3565545

Applied For  
Not Applicable

5. Certificate of Status Desired



**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

CALDWELL, TREVOR  
242 CROWN OAKS WAY  
LONGWOOD, FL 32779

**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

Filing Fee is \$50.00  
Due by May 1, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE	OMGR
NAME	CALDWELL, TREVOR
STREET ADDRESS	242 CROWN OAKS WAY
CITY-ST-ZIP	LONGWOOD, FL 32779
TITLE	MGRM
NAME	CALDWELL, MARGARET
STREET ADDRESS	PO BOX 1865
CITY-ST-ZIP	MINNEOLA, FL 34755
TITLE	MGRM
NAME	CALDWELL, JOHN W
STREET ADDRESS	PO BX 1865
CITY-ST-ZIP	MINNEOLA, FL 34755
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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: Margaret Caldwell

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

April 12, 2004

Date

407-345-3409

Daytime Phone #