2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED May 02, 2005 8:00 am Secretary of State

DOCUMENT # L98000002580 1. Entity Name SEAWIND CARIBBEAN, L.C.						05-02-2005 90365 043 ****55					55.00
Principal Plac	e of Business	Mailing Address									
242 CROWN OAKS WAY LONGWOOD, FL 32779		P.O. BOX 1865 Minneola, FL 34755				I II		ı ibləli fərif səfit bəhii bi	1 111 3 0 7th 1 0 01 0 31	18741 B7181 1841 887	1881 HT 1881
2. Principal Place of Business 2445 DRESDEN TRL		3. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.				04272	2005	Chg-LLC	CR2E	083 (10/03)	
APOPKA, FL		City & State					Numbe -356			No	pplied For at Applicable
32712	U.S.A.	Country Zip Co U. S. A. Name and Address of Current Registered Agent		try					\$5.00 Add		
	6. Name and Address of Currer	it Registered Agent		Name		/. Nan	ne anc	Address of New	Hegisterea	Agent	
242 CROV	L, TREVOR VN OAKS WAY OD, FL 32779	·				(P.O. Box Number is Not Acceptable) DRESDEN 7RL					
			ÄPOPKA						FL	Zip Code 327	ຳ2
	e named entity submits this statement tions of registered agent.	for the purpose of changing its i	registere	ed office or	registere	d agent	, or bot	h, in the State of F	Torida. I am	familiar with,	and accept
SIGNATURE.	Signature, typed or printed name of registered age	ot and title if applicable (NOTE	- Decistored	1 Agent signatu		4			DATE		
!		(11012	negistered	, Life of Sidings	ne rednited /	when reinst	ating)		DATE		
Fi D	iling Fee is \$50.00 ue by May 1, 2005		negistareu	- Age a sgradu	ne tedniked (when reinst	ating)		ke check p	payable to nent of State	9
9.	ue by May 1, 2005 MANAGING MEME	BERS/MANAGERS	10.	To the signature	ne redniked /	when reinst	ating)	Florid	ke check p	nent of State	9
D:	ue by May 1, 2005		10. TITLE NAME		244	5 7	>AES	Florid	ke check p la Departm	nent of State	e ☐ Addition
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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 Margaret Cardwell 04/26/2005 407-345-3409
SIGNATURE AND TYPEOGRAPHINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Dayline Prone #