


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 28, 2008 8:00 am**  
**Secretary of State**

05-28-2008 90138 030 \*\*\*143.75

<b>DOCUMENT # L98000002580</b>	
1. Entity Name <b>SEAWIND CARIBBEAN, L.C.</b>	

Principal Place of Business <b>2445 DRESDEN TRL APOPKA, FL 32712</b>	Mailing Address <b>89 LONGPINE TRL MOUNT DORA, FL 32757</b>
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address <b>89 LONGSPINE TRL</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

05012008 Chg-LLC CR2E083 (12/06)

4. FEI Number <b>59-3565545</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☒ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent <b>CALDWELL, TREVOR 2445 DRESDEN TRL APOPKA, FL 32712</b>		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	

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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OMGR CALDWELL, TREVOR 2445 DRESDEN TRL APOPKA, FL 32712 <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	MGRM CALDWELL, MARGARET 59 LONGPINE TRL MOUNT DORA, FL 32757 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>89 LONGSPINE TRAIL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CALDWELL, JOHN W 89 LONGSPINE TRL MOUNT DORA, FL 32757 <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.

**SIGNATURE:** Margaret Caldwell **MARGARET CALDWELL** April 30, 2008 407-365-3409  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #