

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L98000002580

FILED
Aug 21, 2009
Secretary of State

Entity Name: SEAWIND CARIBBEAN, L.C.

Current Principal Place of Business:

2445 DRESDEN TRL
APOPKA, FL 32712

New Principal Place of Business:

102 BEDALE COURT
LONGWOOD, FL 32779

Current Mailing Address:

89 LONGSPINE TRAIL
MOUNT DORA, FL 32757

New Mailing Address:

88 LONGSPINE TRAIL
MOUNT DORA, FL 32757

FEI Number: 59-3565545

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CALDWELL, TREVOR
2445 DRESDEN TRL
APOPKA, FL 32712 US

Name and Address of New Registered Agent:

CALDWELL, TREVOR
102 BEDALE COURT
LONGWOOD, FL 32779 US

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:

08/21/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: OMGR () Delete
Name: CALDWELL, TREVOR
Address: 2445 DRESDEN TRL
City-St-Zip: APOPKA, FL 32712

Title: MGRM () Delete
Name: CALDWELL, MAGARET
Address: 89 LONGSPINE TRAIL
City-St-Zip: MOUNT DORA, FL 32757

Title: MGRM () Delete
Name: CALDWELL, JOHN W
Address: 89 LONGSPINE TRL
City-St-Zip: MOUNT DORA, FL 32757

ADDITIONS/CHANGES:

Title: OMGR (X) Change () Addition
Name: CALDWELL, TREVOR
Address: 102 BEDALE COURT
City-St-Zip: LONGWOOD, FL 32779

Title: MGRM (X) Change () Addition
Name: CALDWELL, MAGARET
Address: 88 LONGSPINE TRL
City-St-Zip: MOUNT DORA, FL 32757

Title: MGRM (X) Change () Addition
Name: CALDWELL, JOHN W
Address: 88 LONGSPINE TRL
City-St-Zip: MOUNT DORA, FL 32757

I hereby certify that the information supplied with this filing does not qualify 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: MARGARET CALDWELL

MGRM

08/21/2009

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