

2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT

FILED
Feb 16, 2004 08:00 AM
Secretary of State

DOCUMENT # M00000001330

1. Entity Name
SIMA/CARIBBEAN ISLE, LLC



Principal Place of Business
115 WEST CANON PERDIDO, SUITE 200
SANTA BARBARA, CA 93101

Mailing Address
115 WEST CANON PERDIDO, SUITE 200
SANTA BARBARA, CA 93101



01052004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

| | |
|-----------------------------|-------------------------------|
| 4. FEI Number 77-0547224 | Applied For Not Applicable |
|-----------------------------|-------------------------------|

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent:

PARACORP INCORPORATED
236 EAST 6TH AVE.
TALLAHASSEE, FL 32303

**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

U000000053679
02/16/04 00141-000 50.00

9. MANAGING MEMBERS/MANAGERS

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | P KNELL, JAMES P 115 W CANON PERDIDO, STE 200 SANTA BARBARA, CA 93101 |
|--|--|

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
|--|--|

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
|--|--|

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
|--|--|

| | |
|--|--|
| 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:

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

James P. Knell

2-4-04

Date

805 965-1616

Daytime Phone #