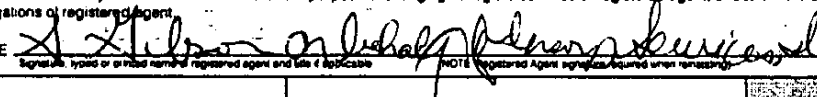
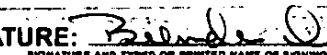


FILED
Apr 18, 2008 8:00 am
Secretary of State

04-18-2008 90158 039 ***138.75

2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # M07000006788			
1. Entity Name CALIFORNIA OFFSHORE MARINE, LLC			
Principal Place of Business 6665 NW NEWBERRY HILL RD. SILVERDALE, WA 98383		Mailing Address 6665 NW NEWBERRY HILL RD. SILVERDALE, WA 98383	
2. Mailing Address 912 SE 9th Terrace Suite, Apt. #, etc.		3. Mailing Address PO Box 880 Suite, Apt. #, etc.	
City & State Cape Coral FL		City & State Belfair, WA 98528	
Zip 33990		Country USA	
4. FEI Number 20-8002269		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent DEMO, APHRODITE A 18407 BRIGGS CIRCLE PORT CHARLOTTE, FL 33948		7. Name and Address of New Registered Agent Name InCorp Services, Inc. Street Address (P.O. Box Number is Not Acceptable) 17888 67th Court North City Loxahatchee FL Zip Code 33470	
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  DATE 4-2-08			
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$838.75			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
MGRM PALMER, STANLEY B SR. P.O. BOX 680 BELFAIR, WA 98528			
☐ Delete		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
☐ Delete		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
☐ Delete		☐ Change ☐ 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 606, Florida Statutes.			
SIGNATURE: 		4-14-08 3604674-7184	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone	