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

50004762

Principal Place of Business	Mailing Address
6665 NW NEWBERRY HILL RD. SILVERDALE, WA 98383	6665 NW NEWBERRY HILL RD. SILVERDALE, WA 98383

03212008 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
912 SE 9th Terrace	PO Box 880
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Cape Coral FL	City & State: Belfair, WA 98528
Zip: 33990 Country: USA	Zip: 98528 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: [signature] 4-2-08
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	MGRM	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	PALMER, STANLEY B SR.		NAME	
STREET ADDRESS	P.O. BOX 880		STREET ADDRESS	
CITY-ST-ZIP	BELFAIR, WA 98528		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
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CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

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: Belinda Dews 4-14-08 360-674-7184
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #