2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # L01000021842

1. Entity Name
MARITIME MANAGEMENT, LLC

Principal Place of Business	Mailing Address
16441 NE 29TH AVE. NORTH MIAMI BEACH, FL 33160	16441 NE 29TH AVE. NORTH MIAMI BEACH, FL 33160

DO NOT WRITE IN THIS SPACE

04302004 No Chg-LLC CR2E083 (10/03)

4. FEI Number
26-0005966
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ALFONSO, NORBERTO
16441 NE 29TH AVE.
NORTH MIAMI BEACH, FL 33160

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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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE	P
NAME	NORBERTO, ALFONSO
STREET ADDRESS	16441 NE 29 AVE.
CITY-ST-ZIP	MIAMI, FL 33160
TITLE	VP
NAME	ALFONSO, MARTA
STREET ADDRESS	16441 NE 29 AVE.
CITY-ST-ZIP	MIAMI, FL 33160
TITLE	VP
NAME	TORE, ODFJELL
STREET ADDRESS	JYHAUGASEN 18
CITY-ST-ZIP	BERGEN,NORWAY, N 5072
TITLE	VP
NAME	BETINE, FRANK
STREET ADDRESS	NORDEIDEVEIEN 25
CITY-ST-ZIP	BERGEN, NORWAY, N 5072
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: NORBERTO ALFONSO APR 30, 2004 (305)947-1665
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #