

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Jan 24, 2005 08:00 AM
Secretary of State**

DOCUMENT # L01000021842

1. Entity Name
MARITIME MANAGEMENT, LLC



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

Mailing Address
**16441 NE 29TH AVE.
NORTH MIAMI BEACH, FL 33160**



01112005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

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**

**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, 2005**

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	TORRE, 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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01/24/05-80174-003 55.00

**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

1/17/05

Date

(305) 947-6657

Daytime Phone #