


**2005-LIMITED-LIABILITY-COMPANY  
ANNUAL REPORT (AR)**

**FILED**  
**Apr 22, 2005 8:00 am**  
**Secretary of State**

03-21-2005 90536 021 \*\*\*\*50.00

DOCUMENT # L0400006229			
1. Entity Name <b>MARTIN BUTCHER MARINE CONTRACTOR, LLC</b>			
Principal Place of Business 3480 SE 162ND CT OCKLAWAHA FL 32179		Mailing Address 3480 SE 162ND CT OCKLAWAHA FL 32179	
2. Principal Place of Business		3. Mailing Address <b>P.O. Box 6927</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State <b>OCALA, FL</b>	
Zip	Country	Zip <b>34478</b>	Country <b>USA</b>
4. FEI Number <b>54-2141229</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>BUTCHER, MARTIN 3480 SE 162ND CT OCKLAWAHA FL 32179</b>		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City <b>FL</b>	
Zip Code		Zip Code	
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 <i>Martin Butcher</i>		DATE <b>3-14-05</b>	
Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when reinstating)	
<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By May 1, 2005</b>			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE <b>President</b>	NAME <b>MARTIN BUTCHER</b>	TITLE	NAME
STREET ADDRESS <b>3480 SE 162ND CT</b>	CITY-ST-ZIP <b>OCKLAWAHA, FL 32179</b>	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
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: <i>Martin Butcher</i>		Date <b>3-14-05 (SS) 454-7915</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	