

**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 27, 2006 8:00 am**  
**Secretary of State**

04-27-2006 90018 014 \*\*\*\*50.00

**DOCUMENT # L04000069503**

1. Entity Name  
**TRIO MARINE GROUP, LLC**



40030737

Principal Place of Business  
**2361 PGA BLVD  
 PALM BEACH GARDENS, FL 33410**

Mailing Address  
**2361 PGA BLVD  
 PALM BEACH GARDENS, FL 33410**



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

04252006 Chg-LLC CR2E083 (11/05)

City & State  
 Zip Country

4. FEI Number  
**20-1798837**

Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**HAMRICK, MICHAEL M  
 601 12TH STREET WEST  
 BRADENTON, FL 34205**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** 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 \_\_\_\_\_ 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, 2006**

**Make check payable to  
 Florida Department of State**

**9. MANAGING MEMBERS/MANAGERS**

**10. ADDITIONS/CHANGES**

TITLE **P**  Delete  
 NAME **BONGIORNO, FRANK**  
 STREET ADDRESS **222 MANSION AVE**  
 CITY-ST-ZIP **STATEN ISLAND, NY 10308**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **VP**  Delete  
 NAME **KING, WILLIAM**  
 STREET ADDRESS **900 S BAY BLVD**  
 CITY-ST-ZIP **ANNA MARIA, FL 34216**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **ST**  Delete  
 NAME **GALATI, JOE**  
 STREET ADDRESS **900 S BAY BLVD**  
 CITY-ST-ZIP **ANNA MARIA, FL 34216**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **C**  Delete  
 NAME **RITT, RICHARD**  
 STREET ADDRESS **2361 PGA BLVD**  
 CITY-ST-ZIP **PALM BEACH GARDENS, FL 33410**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **VP**  Delete  
 NAME **WARD, SCOTT**  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME **WARD, SCOTT**  
 STREET ADDRESS **2361 PGA BLVD**  
 CITY-ST-ZIP **PALM BEACH GARDENS, FL 33410**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 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: Richard A. Ritt **RICHARD A. RITT** 4/25/06 561-624-9950  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #