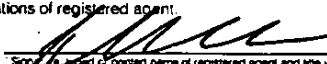
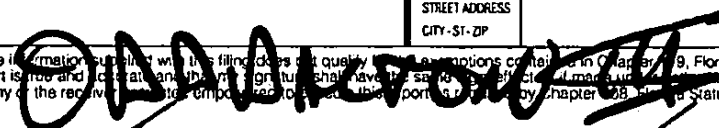


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 22, 2008 8:00 am
Secretary of State

04-30-2008 90037 004 ***138.75

DOCUMENT # L07000125525 1. Entity Name BROWN WATER BARGES, LLC					
Principal Place of Business 2833 US HIGHWAY 92 EAST LAKELAND, FL 33801 US			Mailing Address PO BOX 2766 LAKELAND, FL 33806 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 26-1585326	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent BUMGARNER, JOHN H 8693 SW 76TH PLACE GAINESVILLE, FL 32608				7. Name and Address of New Registered Agent 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 4/19/08 Signature of printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)					
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 NAME STREET ADDRESS CITY-ST-ZIP	MGR DALTON, OSCAR D III 2833 US HIGHWAY 92 EAST LAKELAND, FL 33801	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
11. I hereby certify that the information submitted with this filing complies with the requirements contained in Chapter 689, 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 and meaning as if I am a managing member or manager of the limited liability company of the recipient of this report as required by Chapter 689, Florida Statutes.					
SIGNATURE: 			Date 4/19/08 772-332-7268		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					