2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2008
Secretary of State

DOCUMENT# L00000002736

Entity Name: INTERNATIONAL MARITIME ASSOCIATES L.C.

Current Principal Place of Business:

500 SE 17TH ST.
SUITE 224
FORT LAUDERDALE, FL 33316 US

New Principal Place of Business:

Current Mailing Address:

500 SE 17TH ST.
SUITE 224
FORT LAUDERDALE, FL 33316 US

New Mailing Address:

FEI Number: 65-1022454 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FARMER, SABRINA B
500 SE 17TH ST.
SUITE 224
FORT LAUDERDALE, FL 33316 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: FARMER, SABRINA B MRS.
Address: 2721 SW 34TH AVE.
City-St-Zip: FT. LAUDERDALE, FL 33312 US

Title: MGRM ( ) Delete
Name: TORTORA, MARK P MR.
Address: 1021 SE 11TH CT.
City-St-Zip: FT. LAUDERDALE, FL 33316 US

Title: MGR ( ) Delete
Name: FARMER, ADRIAN R MR.
Address: 2721 SW 34TH AVE.
City-St-Zip: FT. LAUDERDALE, FL 33312 US

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: SABRINA B. FARMER MGR 04/29/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date