

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000004146

FILED
Mar 17, 2004
Secretary of State

Entity Name: CORSAIR NAUTICAL COMPANY, LLC

Current Principal Place of Business:

1000 S.E. MONTEREY COMMONS BLVD.
STE 300
STUART, FL 34996

New Principal Place of Business:

1000 S.E. MONTEREY COMMONS BLVD.
STE 302
STUART, FL 34996

Current Mailing Address:

1000 S.E. MONTEREY COMMONS BLVD.
STE 300
STUART, FL 34996

New Mailing Address:

1000 S.E. MONTEREY COMMONS BLVD.
STE 302
STUART, FL 34996

FEI Number: 65-0999389

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MINTON, MICHAEL D
1903 SOUTH 25TH STREET, SUITE 200
FORT PIERCE, FL 34947 US

Name and Address of New Registered Agent:

DEAN MEAD SERVICES, LLC
800 N. MAGNOLIA AVENUE
SUITE 1500
ORLANDO, FL 32803 US

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: MICHAEL D. MINTON, VP OF MEMBER

03/17/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: E. DANIEL MORRIS,
Address: 1000 S.E. MONTEREY COMMONS BLVD., STE 300
City-St-Zip: STUART, FL 34996

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: MORRIS, E. DANIEL
Address: 1000 S.E. MONTEREY COMMONS BLVD., STE 302
City-St-Zip: STUART, FL 34996

I hereby certify that the information supplied with this filing does not qualify for the 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 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: E. DANIEL MORRIS

MGR

03/17/2004

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