

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000005985

FILED
Jan 13, 2005
Secretary of State

Entity Name: AMERICAN MARINE SERVICES, LLC

Current Principal Place of Business:

102 107TH AVE, SUITE 202
TREASURE ISLAND, FL 33706

New Principal Place of Business:

Current Mailing Address:

8017 CAUSEWAY BOULEVARD, NORTH
ST. PETERSBURG, FL 33707

New Mailing Address:

FEI Number: 59-3660140

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TIEMAN, LARRY W
8017 CAUSEWAY BOULEVARD, NORTH
ST. PETERSBURG, FL 33707 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/MEMBERS:

Title: MGRM () Delete
Name: TIEMAN, LARRY W
Address: 8017 CAUSEWAY BOULEVARD, NORTH
City-St-Zip: ST. PETERSBURG, FL 33707

Title: MGR () Delete
Name: TIEMAN, LINDA L
Address: 8017 CAUSEWAY BOULEVARD, NORTH
City-St-Zip: ST. PETERSBURG, FL 33707

Title: MGR () Delete
Name: TIEMAN, W. CLAYTON
Address: 8017 CAUSEWAY BOULEVARD, N
City-St-Zip: ST. PETERSBURG, FL 33707

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 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: LARRY W. TIEMAN

MGRM

01/13/2005

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