

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000010669

Entity Name: TRISTAR MARINE, LLC

FILED
Feb 02, 2006
Secretary of State

Current Principal Place of Business:

1715 MONROE STREET
FORT MYERS, FL 33901

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 280
FORT MYERS, FL 339020280 US

New Mailing Address:

FEI Number: 65-0143413

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHEARMAN, ROBERT C
1715 MONROE STREET
FORT MYERS, FL 33901 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: MGRM () Delete
Name: MAIN SAIL VIDEO PROD, UCTIONS, INC.
Address: 3334 HIBISCUS DRIVE
City-St-Zip: FORT MYERS, FL 33901

Title: MGRM () Delete
Name: SHEARMAN, ROBERT C
Address: 1715 MONROE STREET
City-St-Zip: FORT MYERS, FL 33901

Title: MGRM () Delete
Name: MADDEN, JOSEPH M
Address: 1131 VESPER DRIVE
City-St-Zip: FORT MYERS, FL 33901

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: LEWIS, JOHN W
Address: 1715 MONROE STREET
City-St-Zip: FORT MYERS, FL 33901

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 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: ROBERT C. SHEARMAN

MGRM

02/02/2006

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