2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L00000012968

1. Entity Name

CUBAN AMERICAN BARGE LINE, LLC



Principal Place of Business 3670 S. WESTSHORE BLVD. TAMPA, FL 33629 US Mailing Address

3670 S. WESTSHORE BLVD. TAMPA, FL 33629 US FILED

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TALT AMASSIE, FLORIDA



01112006No Chg-LLC

CR2E083 (11/05)

4. FEI Number		Applied For
59-3678321		Not Applicable
5. Certificate of Status Desired	\$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

VON SPIEGELFELD, ALLEN 501 E. KENNEDY BLVD., STE. 1700 TAMPA, FL 33602

SIGNATURE AND TYPED OR PRINTS

DO NOT WRITE IN THIS SPACE

8. The above the obligat	named entity submits this statement for the purpose of cha tions of registered agent.	inging its registered office or registered agent, or both, in the S	tate of Florida. I am familiar with, and accept			
SIGNATURE.						
	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE			
Fi D	iling Fee is \$50.00 ue by May 1, 2006					
9,	MANAGING MEMBERS/MANAGERS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DANN, RODNEY H JR. 3670 S. WESTSHORE BLVD. TAMPA, FL 33629	1.000	100074774			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	40315	05/10/06	100074324601 05/10/0601006008 **1650.00			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NO	T WRITE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS	IN THIS SPACE			
TITLE NAME STREET ADDRESS CITY+ST-ZIP						
TITLE NAME STREET ADDRESS CITY+SI-7IP						

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 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.

NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE