2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # L01000002981

1. Entity Name
MARINE CARGO LINE, LC.

Principal Place of Business	Mailing Address
10813 NW 30 STREET SUITE 107 MIAMI, FL 33172	10813 NW 30 STREET SUITE 107 MIAMI, FL 33172

DO NOT WRITE IN THIS SPACE

01172006 No Chg-LLC CRZE083 (11/05)

4. FEI Number
65-1084093
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

SHARKO, JOHN L
1164 CEDAR FALLS DRIVE
WESTON, FL 33327

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE	CEO
NAME	ELKIN, ALAN
STREET ADDRESS	ONE BLUE HILL PLAZA
CITY-ST-ZIP	PEARL, NY 10965
TITLE	VCO
NAME	DEL RIEGO, EDUARDO
STREET ADDRESS	3351 SW 110TH CT
CITY-ST-ZIP	MIAMI, FL 33165
TITLE	PD
NAME	SHARKO, JOHN L
STREET ADDRESS	398 MALLARD LANE
CITY-ST-ZIP	WESTON, FL 33327
TITLE	VPD
NAME	WAGNER, ARTHUR
STREET ADDRESS	ONE BLUE HILL PLAZA
CITY-ST-ZIP	PEARL, NY 10965
TITLE	TD
NAME	VENDING, RICHARD
STREET ADDRESS	ONE BLUE HILL PLAZA
CITY-ST-ZIP	PEARL, NY 10965
TITLE	S
NAME	HAGGERTY, JIM
STREET ADDRESS	ONE BLUE HILL PLAZA
CITY-ST-ZIP	PEARL, NY 10965

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01/31/06 80004-003 50.00

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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.

SIGNATURE: X _____ 1/17/06 (305) 639 1700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #