## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Apr 22, 2005 08:00 AM Secretary of State

|                                                                                                                                                                                                                                                                                                                                                                                                                                       | ANNUAL REPORT                                                                            |    | Apr 22, 2005 08:00 A                               |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|----|----------------------------------------------------|
| DOCUMENT # L01000010143  1. Entity Name GLOBAL OCEAN SHIPPING, LLC                                                                                                                                                                                                                                                                                                                                                                    |                                                                                          |    | Secretary of State                                 |
| 310 GENIUS                                                                                                                                                                                                                                                                                                                                                                                                                            | DR 310 GENIUS DR K, FL 32789 WINTER PARK, FL 32789                                       |    |                                                    |
| DO NOT WRITE IN THIS SPACE                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                          | CE | 04182005 No Chg-LLC CR2E083 (10/03)  4. FEI Number |
| 6. Name and Address of Current Registered Agent                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                          |    |                                                    |
| KHUDA, KHALED R<br>310 GENIUS DRIVE<br>WINTER PARK, FL 32789                                                                                                                                                                                                                                                                                                                                                                          |                                                                                          |    | DO NOT WRITE IN THIS SPACE                         |
| 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  Signature, typed or printed name of registered agent and title If applicable (NOTE. Registered Agent signature required when reinstating)  DATE  ### UD0000323137  04/22/05-80040-011 50.00 |                                                                                          |    |                                                    |
| Due by May 1, 2005                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                          |    |                                                    |
| 9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                        | MANAGING MEMBERS/MANAGERS  MGRM K.N., LTD., LLP  310 GENIUS DRIVE  WINTER PARK, FL 32789 |    |                                                    |
| NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                          |    | DO NOT WRITE                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                          |    | IN THIS SPACE                                      |
| TITLE<br>NAME<br>STREET ADDRESS<br>GITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                        | Ĭ                                                                                        |    |                                                    |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                 | 1                                                                                        |    |                                                    |

11. Thereby certify that the information supplied with this filing does not qualify 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

NAME STREET ADDRESS CITY-ST-ZIP

W4118/01

Dale

Daytime Phone #