

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000014091

FILED
Apr 29, 2006
Secretary of State

Entity Name: MARINE PRODUCTS GROUP, LLC

Current Principal Place of Business:

3141 SE WAALER ST.
STUART, FL 34997

New Principal Place of Business:

883 NE DIXIE HWY
UNIT 5
JENSEN BEACH, FL 34957

Current Mailing Address:

3141 SE WAALER ST.
STUART, FL 34997

New Mailing Address:

883 NE DIXIE HWY
UNIT 5
JENSEN BEACH, FL 34957

FEI Number: 59-3740951

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PADULA, MICHAEL A JR.
3244 SE BROOK ST.
STUART, FL 34997 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: MGR () Delete
Name: PADULA, MICHAEL A JR
Address: 3244 SE BROOK ST.
City-St-Zip: STUART, FL 34997 US

Title: MGR () Delete
Name: PADULA, BARBARA M
Address: 3244 SE BROOK ST.
City-St-Zip: STUART, FL 34997

Title: MGR () Delete
Name: PADULA, BARBARA M
Address: 3244 SE BROOK ST.
City-St-Zip: STUART, FL 34997

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 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: BARBARA M. PADULA

MGR

04/29/2006

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