

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000016689

FILED
Jan 14, 2004
Secretary of State

Entity Name: KING MARITIME GROUP, LLC

Current Principal Place of Business:

100 TERMINAL DR
FT PIERCE, FL 34950

New Principal Place of Business:

100 TERMINAL DRIVE
FT PIERCE, FL 34950

Current Mailing Address:

100 TERMINAL DR
FT PIERCE, FL 34950

New Mailing Address:

18 FISHERMAN'S WHARF
FT PIERCE, FL 34950

FEI Number: 65-1142461

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES INC
526 E PARK AVE
TALLAHASSEE, FL 32301 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/MEMBERS:

Title: MGR () Delete
Name: KING, DEAN O
Address: 672 PARK AVENUE
City-St-Zip: HOLLAND, MI 49423

Title: MGR () Delete
Name: KING, RANDY D
Address: 5312 DUNE DRIFT DRIVE
City-St-Zip: WEST OLIVE, MI 49460

Title: MGR () Delete
Name: DYKGRAAF, DANIEL
Address: 555 LOCUST DRIVE
City-St-Zip: HOLLAND, MI 49423

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 Section 119.07(3)(i), 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: RANDY KING

MGR

01/14/2004

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