

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000016689

FILED  
Jan 05, 2007  
Secretary of State

Entity Name: KING MARITIME GROUP, LLC

**Current Principal Place of Business:**

18 FISHERMAN'S WHARF  
FT PIERCE, FL 34950

**New Principal Place of Business:**

**Current Mailing Address:**

18 FISHERMAN'S WHARF  
FT PIERCE, FL 34950

**New Mailing Address:**

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.  
2731 EXECUTIVE PARK DRIVE  
SUITE 4  
WESTON, FL 33331 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: KING, DEAN O  
Address: 13520 BARRY STREET  
City-St-Zip: HOLLAND, MI 49424

Title: MGR ( ) Delete  
Name: KING, RANDY D  
Address: 13520 BARRY STREET  
City-St-Zip: HOLLAND, MI 49424

Title: MGR ( ) Delete  
Name: DYKGRAAF, DANIEL  
Address: 347 SETTLERS ROAD  
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 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: DEAN O KING

MGR

01/05/2007

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