2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L02000009549

1. Entity Name
TRANSMARINE JET, LLC

FILED
May 03, 2005 08:00 AM
Secretary of State

Principal Place of Business

Mailing Address

3802 DR. MARTIN LUTHER KING, JR., BLVD. TAMPA, FL 33614

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01112005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 59-1620968 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

INTRASTATE REGISTERED AGENT CORPORATION, I 701 BRICKELL AVENUE, SUITE 3000 MIAMI, FL 33131

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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_	Signature, typed or printed name of registered agent and title I appreade.	(NOTE, Registered Agent aignature required when reinstating)	DATE
Filing Fee is \$50.00 Due by May 1, 2005			
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY ST ZIP	MGR TRANSMARINE MANAGEMENT CORPORATION 3802 DR. MARTIN LUTHER, JR., BLVD TAMPA, FL 33614		H00000358661 05/04/05-80123-011 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
NAME STREET ADDRESS CITY - ST - ZIP		DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY ST ZIP		IN '	IN THIS SPACE
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11. I hereby certify that the information supplied with this fifing does not qualify for the exemption stated in Section 1 19.07(3)(7), Florida Statutes. I further certify that the information indicated on this report is true and contract 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: __

NAME
STREET ADDRESS
CITY ST ZIP
TITLE
NAME
STREET ADDRESS
CITY ST ZIP

RUPRINTED NAME OF SOUNG MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/28/05

813- 251-9007

Daytime Phose #