## **2008 LIMITED LIABILITY COMPANY** ANNUAL REPORT

## May 15, 2008 8:00 am Secretary of State DOCUMENT # L02000009549 05-15-2008 90079 043 \*\*\*138.75 1. Entity Name TRAŃSMARINE JET, LLC Principal Place of Busines BRENNER DRIVE 3802 DR: MARTIN LUTHER KING, IR., BLVD. Mailing Address TEINBRENNER DRIVE 3802 DR. MARTIN LUTHER KING, IR., BLVD. **60041228 TAMPA, FL 33614** TAMPA, FL 33614 03212008 No Chg-LLC CR2E083 (12/07) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-1620968 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CORPORATE CREATIONS NETWORK INC. DO NOT WRITE 14380 PROSPERITY FARMS ROAD #221E -PALM BEACH GARDENS, FL. 33410 IN THIS SPACE NORMAN STAFFINGS JR. ONE STEIN BRENNER DRIVE TAMPA FL 33614 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. FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 MANAGING MEMBERS/MANAGERS 9. TITLE NAME TRANSMARINE MANAGEMENT CORPORATION STREET ADDRESS 3802 DR. MARTIN LUTHER, JR., BLVD CITY-ST-ZIP TAMPA, FL 33614 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-7IP IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. 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.

TRANSMARINE MANAGEMENT CORPORATION Norman Stallings L. Norman Stalling Wolfer, or authorized representative Norman Stallings, 504/17/08

TITLE NAME STREET ADDRESS CITY-ST-ZIP

FILED