

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000025340

Entity Name: ISLAND MARINE, LLC

FILED  
Jun 27, 2005  
Secretary of State

**Current Principal Place of Business:**

412 PINE AVE  
P.O. BOX 4010  
ANNA MARIA, FL 34216

**New Principal Place of Business:**

**Current Mailing Address:**

WICKMAN & WYCOFF P.A.  
4909 MANATEE AVE W  
BRADENTON, FL 34202

**New Mailing Address:**

FEI Number: 16-1630698      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

WICKMAN & WYCKOFF, P.A.  
4909 MANATEE AVE. WEST  
BRADENTON, FL 34209      US

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: MGRM ( ) Delete  
Name: VAN HOOSE, JEFF  
Address: 412 PINE AVE P.O. BOX 4010  
City-St-Zip: ANNA MARIA, FL 34216

Title: MGRM ( ) Delete  
Name: BROWN, JEFFERY  
Address: 412 PINE AVE P.O. BOX 4010  
City-St-Zip: ANNA MARIA, FL 34216

**ADDITIONS/CHANGES:**

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: JEFFREY LEE VAN HOOSE

PRES

06/27/2005

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