

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000029581

1. Entity Name
JHT MARINE SERVICES, L.L.C.



Principal Place of Business
521 PREMIER DR
PORT ST. JOE, FL 32456

Mailing Address
P.O. BOX 246
PORT ST. JOE, FL 32457

FILED

04 SEP 30 PM 3:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



09282004 No Chg-LLC.

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
57-1136472

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

PITTS, TOMMY
521 PREMIER DR
PORT ST. JOE, FL 32456

**DO NOT WRITE
IN THIS SPACE**

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 Tommy Pitts
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

9-29-04
DATE

**Filing Fee is \$50.00
Due by September 8, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
JOHNSON, HENRY N JR.
1717 ELIZABETH AVENUE
METAIRIE, LA 70003

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
TOWNSEND, JAMES
698 PORT TOWNSEND ROAD
PORT ST. JOE, FL 32456

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

100041556841
10/04/04--01016--002 **50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify 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 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: James Townsend

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

9-29-04

Date

850-899-8695

Daytime Phone #