2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L02000033110

1. Entity Name
RYAN MARINE SERVICES OF FLORIDA, LLC

Principal Place of Business	Mailing Address
3584 FAIR OAKS LANE LONGBOAT KEY, FL 34228 US	P O BOX 8050 GREENSBORO, NC 27419 US

DO NOT WRITE IN THIS SPACE

01032007 No Chg-LLC   CR2E083 (11/05)

4. FEI Number	Applied For
23-8527998	Not Applicable

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

6. Name and Address of Current Registered Agent

SAMET, NORMAN G
3584 FAIR OAKS LANE
LONGBOAT KEY, FL 34228

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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 if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

Filing Fee is $50.00
Due by May 1, 2007

9.   MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	SAMET, NORMAN G
STREET ADDRESS	3584 FAIR OAKS LANE
CITY-ST-ZIP	LONGBOAT KEY, FL 34228
TITLE	MGRM
NAME	SAMET, ARTHUR L
STREET ADDRESS	P O BOX 8050
CITY-ST-ZIP	GREENSBORO, NC 27419
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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.

SIGNATURE: _____   01-12-07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #