

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000034814

FILED  
Apr 28, 2005  
Secretary of State

Entity Name: OFFSHORE MARINE CENTER, LLC

**Current Principal Place of Business:**

1357 SHEFFIELD WAY  
1357  
FORT MYERS, FL 33919

**New Principal Place of Business:**

**Current Mailing Address:**

1357 SHEFFIELD WAY  
1357  
FORT MYERS, FL 33919

**New Mailing Address:**

FEI Number: 42-1568272

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CARTER, DONALD D III  
1357 SHEFFIELD WAY  
FORT MYERS, FL 33919 US

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

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/MEMBERS:**

Title: MGRM ( ) Delete  
Name: CARTER, DONALD D III  
Address: 1357 SHEFFIELD WAY  
City-St-Zip: FORT MYERS, FL 33919

Title: MGRM ( ) Delete  
Name: CARTER, DONALD D  
Address: 925 RABALO DR  
City-St-Zip: FORT MYERS, FL 33919

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: CARTER, DONALD D III  
Address: 1357 SHEFFIELD WAY  
City-St-Zip: FORT MYERS, FL 33919

Title: MGRM (X) Change ( ) Addition  
Name: CARTER, DONALD D  
Address: 925 ROBALO DR  
City-St-Zip: FORT MYERS, FL 33919

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: CARTER, DONALD D, III

MGRM

04/28/2005

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