

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000002459

FILED
Jan 04, 2007
Secretary of State

Entity Name: BLACK POINT MARINE, L.L.C.

Current Principal Place of Business:

1579 S.W. 18TH STREET
WILLISTON, FL 32696

New Principal Place of Business:

1579 SW 18TH STREET
WILLISTON, FL 32696

Current Mailing Address:

1579 S.W. 18TH STREET
WILLISTON, FL 32696

New Mailing Address:

1579 SW 18TH STREET
WILLISTON, FL 32696

FEI Number: 56-2333480

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCDERMOTT, MICHAEL J
791 W. LUMSDEN ROAD
BRANDON, FL 33511 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/MANAGERS:

Title: MGRM () Delete
Name: MARSHALL, JEFFREY T
Address: 1579 S.W. 18TH STREET
City-St-Zip: WILLISTON, FL 32696

Title: MGRM () Delete
Name: MARSHALL, CHARLES E
Address: 1579 S.W. 18TH STREET
City-St-Zip: WILLISTON, FL 32696

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MARSHALL, JEFFREY T
Address: 1579 SW 18TH STREET
City-St-Zip: WILLISTON, FL 32696

Title: MGRM (X) Change () Addition
Name: MARSHALL, CHARLES E
Address: 1579 SW 18TH STREET
City-St-Zip: WILLISTON, FL 32696

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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 T. MARSHALL

MGRM

01/04/2007

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