



2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 28, 2005 8:00 am
Secretary of State

02-28-2005 90046 043 *****50.00

DOCUMENT # L03000010087 1. Entity Name MARINE TRAVEL USA LLC							
Principal Place of Business 1717 N. BAYSHORE DRIVE SUITE 127 MIAMI, FL 33132			Mailing Address 1717 N. BAYSHORE DRIVE SUITE 127 MIAMI, FL 33132				
2. Principal Place of Business 1717 N. Bayshore dr Suite, Apt. #, etc. #215		3. Mailing Address 1717 N. Bayshore dr. Suite, Apt. #, etc. #215					
City & State Miami, FL		City & State Miami, FL					
Zip 33132		Country USA					
4. FEI Number 43-2005573				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				01122005 Chg-LLC CR2E083 (10/03)			
6. Name and Address of Current Registered Agent GIBON, CHANTAL 760 LAKE ROAD MIAMI, FL 33137						7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State					
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GIBON, CHANTAL 760 LAKE ROAD MIAMI, FL 33137		<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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.							
<div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> </div> <div style="width: 20%; text-align: center;"> 2/25/05 <small>Date</small> </div> <div style="width: 40%; text-align: right;"> <small>Daytime Phone #</small> </div> </div>							

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