

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90059 010 ****55.00

DOCUMENT # L03000020763 1. Entity Name BIG DOG MARINE, LLC					
Principal Place of Business 1000 SOUTHERN BLVD., STE. 300 WEST PALM BEACH, FL 33405			Mailing Address 1000 SOUTHERN BLVD., STE. 300 WEST PALM BEACH, FL 33405		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-0709548	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
Applied For Not Applicable		04222004 Chg-LLC CR2E083 (10/03)			
6. Name and Address of Current Registered Agent MCCRACKEN, JOHN B 505 SOUTH FLAGLER DR., STE. 1100 WEST PALM BEACH, FL 33401				7. Name and Address of New Registered Agent	
Name				Street Address (P.O. Box Number is Not Acceptable)	
City				FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2004			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE MEMBER/MGR	NAME TOMEU, ENRIQUE A.		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS 1000 SOUTHERN BLVD SUITE 300	CITY-ST-ZIP WEST PALM BEACH, FL 33405		NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP	STREET ADDRESS		STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP	CITY-ST-ZIP		CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP	CITY-ST-ZIP		CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP	CITY-ST-ZIP		CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP	CITY-ST-ZIP		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.					
SIGNATURE: _____				Date: 4/26/04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Daytime Phone #: (561) 832-3110	