2004 LIMITED LIABILITY COMPANY

ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State
04-12-2004 90028 032 ****50.00

DOCUMENT # L03000021783

1. Entity Name
DRY BULK LOGISTICS LLC

Principal Place of Business	Mailing Address
5301 N FEDERAL HWY. STE. 270 BOCA RATON, FL 33487-4917	5301 N FEDERAL HWY. STE. 270 BOCA RATON, FL 33487-4917

03082004 Chg-LLC. CR2E083 (10/03).

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	P. O. Box 692226 Suite, Apt. #, etc.
City & State	City & State Orlando, Florida
Zip / Country	Zip 32869-2226 / Country

4. FEI Number 56-2374870 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
KOSTOLICH, MARCUS S. 5301 N FEDERAL HWY. STE. 270 BOCA RATON, FL 33487-4917	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	Manager Marcus S. Kostolich 10527 Manassas Circle Orlando, FL 32821-8612 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: _____ April 4, 2004 407.264.9726
Date Daytime Phone #