

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000021849

FILED
Sep 04, 2006
Secretary of State

Entity Name: HIBBARD MARINE GROUP, L.L.C.

Current Principal Place of Business:

437 E. MONROE STREET, STE. 202
JACKSONVILLE, FL 32202

New Principal Place of Business:

8137 N. MAIN ST.
JACKSONVILLE, FL 32208

Current Mailing Address:

437 E. MONROE STREET, STE. 202
JACKSONVILLE, FL 32202

New Mailing Address:

8137 N. MAIN ST.
JACKSONVILLE, FL 32208

FEI Number: 74-3099427 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

BROOKS, MICHAEL L ESQ
437 E. MONROE STREET, STE. 202
JACKSONVILLE, FL 32202 US

Name and Address of New Registered Agent:

BROOKS, MICHAEL L ESQ
8137 N. MAIN ST.
JACKSONVILLE, FL 32208 US

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: MICHAEL BROOKS

09/04/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: HIBBARD, GRANT C
Address: 3451 CULLENDON LANE
City-St-Zip: JACKSONVILLE, FL 32225

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: HIBBARD, GRANT C
Address: 13038 LANIER RD.
City-St-Zip: JACKSONVILLE, FL 32226

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: GRANT C. HIBBARD

MGR

09/04/2006

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