2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000034741

Address:

City-St-Zip:

2890 NE 187TH STREET

AVENTURA, FL 33180

Entity Name: PASSPORT DIRECT, LLC

FILED Aug 06, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 2890 NE 187 ST. AVENTURA, FL 33180 **Current Mailing Address: New Mailing Address:** 2890 NE 187 ST. AVENTURA, FL 33180 FEI Number: 14-1895101 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: Name and Address of New Registered Agent: STURNER, ANDREW PASSPORT MARINE, INC 2890 NE 187TH STREET 2890 NE 187TH STRÉET AVENTURA, FL 33180 US US AVENTURA, FL 33180 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: JAMES DILLON 08/06/2007 Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete DILLON, JAMES Name: Name: Address: 2890 NE 187TH STREET Address: City-St-Zip: AVENTURA, FL 33180 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: AQUA MARINE PARTNERS, Name: Address: 2890 NE 187TH STREET Address: City-St-Zip: AVENTURA, FL 33180 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition CONDON, DAVE Name: Name: Address: 2890 NE 187TH STREET Address: City-St-Zip: AVENTURA, FL 33180 City-St-Zip: Title: MGR () Delete Title: () Change () Addition Name: BEN-NISSAN, MEIR Name:

I hereby certify that the information supplied with this filing does not qualify 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.

Address:

City-St-Zip:

SIGNATURE: JAMES DILLON MGR 08/06/2007