2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 03, 2005
Secretary of State

DOCUMENT# L03000035725

Entity Name: COASTAL TOWING & MARINE SERVICES, LLC

Current Principal Place of Business:

3007 LOBELIA RD.
VENICE, FL 34293

New Principal Place of Business:

1344 PINE NEEDLE RD
VENICE, FL 34285

Current Mailing Address:

3007 LOBELIA RD.
VENICE, FL 34293

New Mailing Address:

1435 EAST VENICE AVE
#117
VENICE, FL 34292

FEI Number: 20-0239770 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DEGENARO, NICHOLAS P
3007 LOBELIA RD.
VENICE, FL 34293 US

Name and Address of New Registered Agent:

DEGENARO, NICHOLAS P
1344 PINE NEEDLE RD
VENICE, FL 34285 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: NICHOLAS P. DEGENARO 04/03/2005
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: MGR ( ) Delete
Name: DEGENARO, NICHOLAS P
Address: 3007 LABELIA ROAD
City-St-Zip: VENICE, FL 34293

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: DEGENARO, NICHOLAS P
Address: 1435 EAST VENICE AVE
City-St-Zip: VENICE, FL 34285

Title: MGR ( ) Change (X) Addition
Name: DEGENARO, LISA J
Address: 1344 PINE NEEDLE RD
City-St-Zip: VENICE, FL 34285

I hereby certify that the information supplied with this filing does not qualify for the 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 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: NICHOLAS P. DEGENARO MGR 04/03/2005
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date