## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

## Apr 08, 2005 08:00 AM Secretary of State **DOCUMENT # L03000038839** MARINE SOLUTIONS OF FLORIDA, LLC Mailing Address Principal Place of Business 1701 VON PHISTER ST. 1701 VON PHISTER ST. KEY WEST, FL 33040 KEY WEST, FL 33040 01242005 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 90-0156617 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent PERRY, JAMES H II, ESQ DO NOT WRITE BLANCK & PERRY, P.A. 5730 SW 74 ST., STE. 700 IN THIS SPACE MIAMI, FL 33143 3. 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. Signature, typod or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstalling) DATE Filing Fee is \$50.00 Due by May 1, 2005 9. MANAGING MEMBERS/MANAGERS TITLE MGR NAME DENHART, ERIC 1701 VON PHISTER ST STREET ADDRESS KEY WEST, FL 33040 CITY-ST-ZIP TITLE NAME STREET ADDRESS UQ00000294341 04/08/05-80063-024 50.00 CITY-ST-ZIP TITLE NAME STREET AGORESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-7P TITLE NAME STREET ADDRESS CITY - ST- ZIP TITLE NAME STREET ADDRESS 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 fimited liability company or the jeceiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. SIGNATURE:

**FILED**