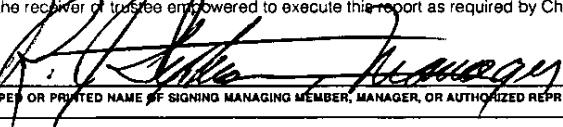


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

**FILED
Sep 06, 2005 8:00 am
Secretary of State**

09-06-2005 90045 028 ****50.00

SEARCHED

DOCUMENT # L03000041591					
1. Entity Name CASJS MARINE, LLC					
Principal Place of Business 4605 TU TU PARK MALL, STE. 250 ST THOMAS 00802 USVI		Mailing Address C/O STUART J. HAFT 321 ROYAL POINCIANA PLAZA PALM BEACH, FL 33480			
2. Principal Place of Business 9015 Havensight Mall Warehouse K, Ste. 3 St. Thomas, USVI 00802		3. Mailing Address C/o Angie Minshall 1326 Basswood Rd. Schaumburg, IL 60173			
Suite, Apt. #, etc. City & State St. Thomas, USVI		Suite, Apt. #, etc. City & State Schaumburg, IL			
Zip 00802	Country USVI	Zip 60173			
6. Name and Address of Current Registered Agent HAFT, STUART J ESQ. 321 ROYAL POINCIANA PLAZA PALM BEACH, FL 33480		7. Name and Address of New Registered Agent 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 <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
Filing Fee is \$50.00 Due by September 7, 2005		<small>(NOTE: Registered Agent signature required when reinstating)</small>			
DATE					
Make check payable to Florida Department of State					
9. MANAGING MEMBERS/MANAGERS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		MGRM STEPHENSON, RICHARD J 4605 TU TU PARK MALL, STE. 250 ST THOMAS 00802 USVI,	<input type="checkbox"/> Delete	10. ADDITIONS/CHANGES	
			TITLE NAME STREET ADDRESS CITY-ST-ZIP		9015 Havensight Mall, Warehouse K, Suite 3 St. Thomas, USVI 00802
					<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
					<input type="checkbox"/> Change <input type="checkbox"/> Addition
					<input type="checkbox"/> Change <input type="checkbox"/> Addition
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					<input type="checkbox"/> Change <input type="checkbox"/> Addition
					<input type="checkbox"/> Change <input type="checkbox"/> 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: 					
<small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					
<small>Date</small>					
<small>Daytime Phone #</small>					



06212005 Chg-LLC CR2E083 (10/03)

4. FEI Number
31-0388482 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

7. 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, typed or printed name of registered agent and title if applicable.

DATE

**Filing Fee is \$50.00
Due by September 7, 2005**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM STEPHENSON, RICHARD J 4605 TU TU PARK MALL, STE. 250 ST THOMAS 00802 USVI,	<input type="checkbox"/> Delete	10. ADDITIONS/CHANGES	
			TITLE NAME STREET ADDRESS CITY-ST-ZIP	
			9015 Havensight Mall, Warehouse K, Suite 3 St. Thomas, USVI 00802	
			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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8/22/05

SIGNATURE:

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

Date

Daytime Phone #