2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

SIGNATURE:

Feb 26, 2005 08:00 AM Secretary of State DOCUMENT # L03000049172 1, Entity Name C & J DIVING, LLC Principal Place of Business Mailing Address 7301 NW 11 PLACE PLANTATION FL 33313 US 7301 NW 11 PLACE PLANTATION FL 33313 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/04) Applied For City & State City & State 4. FEI Number 20-0402218 Not Applicable Ζīρ Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name FREDRICKS, CARL 2348 NE 30 COURT Street Address (P.O. Box Number is Not Acceptable) LIGHTHOUSE POINT FL 33064 Zip Code City FL 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 Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9. ☐ Addition Change THEF MGRM Delete Tille U00000244732 NAME BALESTRIERO, STEVEN NAME STREET ADDRESS 02/26/05-80035-ND3 50.ND 7301 NW 11 PLACE STREET ADDRESS CITY-ST-ZIP PLANTATION FL 33313 CITY-51-ZiP ☐ Change Addition titi (☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CHY ST-ZIP CHY-SI-ZIP Dejete ☐ Change ☐ Addition TITLE NAME STREET ADORESS STREET ADDRESS CHY_SI-ZIP CITY-ST-ZIF Addition ☐ Delele uue ☐ Change HILL NAME NAME STREET ADDRESS STREET ADDRESS CILY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition HILE ☐ Delete NAME NAME STREET ADDRESS DIRECT ADDRESS CITY ST-ZIP CITY-SI-UP ☐ Addition Delete TITLE Change THE NAME STREET ADDRESS STREET ADDRESS DJTY ST-ZIP CITY-ST-71P 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.

SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

Davtime Phone #