


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 23, 2006 8:00 am
Secretary of State

03-23-2006 90260 015 ****55.00

DOCUMENT # L04000010401					
1. Entity Name M & T MARINE GROUP, LLC					
Principal Place of Business 400 N.W. ALICE AVE. STUART, FL 34994 US			Mailing Address 400 N.W. ALICE AVE. STUART, FL 34994 US		
2. Principal Place of Business 185 N.W. FLAGLER AVENUE Suite, Apt. #, etc.			3. Mailing Address 185 N.W. FLAGLER AVENUE Suite, Apt. #, etc.		
City & State STUART, FLORIDA			City & State STUART, FLORIDA		
Zip 34994-1149		Country USA		4. FEI Number 27-0078780	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent DRINKWINE, MICHAEL D 400 N.W. ALICE AVE. STUART, FL 34994			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 185 N.W. FLAGLER AVENUE City STUART, FL 34994-1149		
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 MICHAEL D. DRINKWINE, MGRM <i>Michael D. Drinkwine</i> 03.13.06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$50.00 Due by May 1, 2006			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM L & T DEVELOPMENT, LLC 41 W. KINGS HIGHWAY HADDONFIELD, NJ 08033		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DRINKWINE, MICHAEL D 18815 S. E. RIVER RIDGE RD. TEQUESTA, FL 33469		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: MICHAEL D. DRINKWINE, MGRM <i>Michael D. Drinkwine</i> 03.13.06 772.692.3052 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					