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May 20, 2005 8:00 am
Secretary of State
04-19-2005 90012 012 ****50.00

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2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000011275

1. Entity Name
MARINE CONTRACTING MANAGEMENT LLC

Principal Place of Business	Mailing Address
104 RIO VILLA DR. PUNTA GORDA, FL 33950 US	104 RIO VILLA DR. PUNTA GORDA, FL 33950 US

30006680

2. Principal Place of Business		3. Mailing Address	
2511 Vasco St.		2511 Vasco St.	
Suite, Apt. #, etc. Unit #112		Suite, Apt. #, etc. Unit # 112	
City & State Punta Gorda FL		City & State Punta Gorda FL	
Zip 33950	Country U.S.A.	Zip 33950	Country USA

03302005 Chg-LLC CR2E083 (10/03)

4. FEI Number 20-0721402 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MIDOLO, BRIAN L
104 RIO VILLA DR.
PUNTA GORDA, FL 33950

7. Name and Address of New Registered Agent

Name Midolo Brian L.
Street Address (P.O. Box Number is Not Acceptable) 2511 Vasco St.
Unit #112
City Punta Gorda FL Zip Code 33950

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

Filing Fee is $50.00
Due by May 1, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGMR MIDOLO, BRIAN L 104 RIO VILLA DR PUNTA GORDA, FL 33950	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2511 Vasco St. Unit #112 Punta Gorda, FL 33950	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGMR MIDOLO, BRUCE A 104 RIO VILLA DR PUNTA GORDA, FL 33950	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2511 Vasco St, Unit #112 Punta Gorda, FL 33950	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: [signature] 4/6/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #