
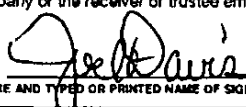


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

1/26/2005-90062-036-\$50.00-\$50.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 FEB 25 AM 9:10

<b>DOCUMENT # L04000011387</b>					
1. Entity Name <b>MONSTER MARINE, LLC</b>					
Principal Place of Business <b>300A SUNSHINE ROAD WEST PALM BEACH FL 33411 US</b>			Mailing Address <b>300A SUNSHINE ROAD WEST PALM BEACH FL 33411 US</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>200690557</b>	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>LEGAL ZOOM NEVADA INC. 44 W. FLAGLER ST. SUITE 675 MIAMI FL 33130</b>			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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By May 1, 2005</b>					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME
	DAVIS, JOEL EDMUND	300 A SUNSHINE ROAD	WEST PALM BEACH FL 33411		
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: 			1/21/05 561798-3644		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		