


FILED
May 13, 2005 8:00 am
Secretary of State

05-13-2005 90048 043 ****50.00

**2005 LIMITED LIABILITY COMPANY
 ANNUAL REPORT**

DOCUMENT # L04000016893 1. Entity Name XS MARINE LLC					
Principal Place of Business 2121 MAIN STREET SUITE C SARASOTA, FL 34237 US			Mailing Address 2121 MAIN STREET SUITE C SARASOTA, FL 34237 US		
2. Principal Place of Business WIGGINS BOOTH + CO PA. Suite, Apt. #, etc. 30 FOURTH ST SW City & State WINTER HAVEN FL Zip 33880 Country US		3. Mailing Address WIGGINS BOOTH + CO PA. Suite, Apt. #, etc. 30 FOURTH STREET SW City & State WINTER HAVEN FL Zip 33880 Country FL. US			
4. FEI Number 20-0806484				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 OLSON, ANTHONY E 2121 MAIN STREET SUITE C SARASOTA, FL 34237			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and Use if applicable (NOTE: Registered Agent signature required when reissuing)</small>					
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	MGRM HALL, STEVEN <input type="checkbox"/> Delete PALACIO DE PONIENTE LOCAL 7-2, 3 BENAMADENA MALAGA, MA 29630		TITLE NAME STREET ADDRESS CITY-ST-ZIP	STEVE HALL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition C/LOS CIPRESES-DOÑA TERESA- CASA 23 STITIO-DE-CALABONDA 29649 MIJAS COSTA SPAIN	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					
<small>Date</small>				<small>Daytime Phone #</small>	

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04272005 Chg-LLC CR2E083 (10/03)