
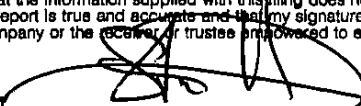


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 11, 2007 08:00**  
**Secretary of State**

<b>DOCUMENT # L04000016893</b>		
1. Entity Name <b>XS MARINE LLC</b>		
Principal Place of Business <b>WIGGINS BOOTH + CO P.A. 30 FOURTH ST SW WINTER HAVEN, FL 33880 US</b>		Mailing Address <b>WIGGINS BOOTH + CO P.A. 30 FOURTH ST SW WINTER HAVEN, FL 33880 US</b>
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  <b>OLSON, ANTHONY E 2121 MAIN STREET SUITE C SARASOTA, FL 34237</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>		
DATE _____		
<b>Filing Fee is \$80.00 Due by May 1, 2007</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM HALL, STEVEN CASA 23 STITIO DE CUARTONDA MIJAS COSTA SPAIN, 29649</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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 authorized to execute this report as required by Chapter 606, Florida Statutes.		
<b>SIGNATURE</b> 		<b>27-04-2007</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Daytime Phone #</small>



04232007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number <b>20-0806484</b>	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
---	---------------------------------------

**DO NOT WRITE  
IN THIS SPACE**

000000763576  
05/30/07-90016-003 50.00