

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 28, 2005 8:00 am**  
**Secretary of State**

02-28-2005 90045 003 \*\*\*\*50.00

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02232005 Chg-LLC CR2E083 (10/03)

<b>DOCUMENT # L04000032261</b> 1. Entity Name <b>TRANS ATLANTIC SHIPPING L.L.C.</b>					
Principal Place of Business <b>1650 STERLING SILVER BLVD DELTONA, FL 32725</b>			Mailing Address <b>1650 STERLING SILVER BLVD DELTONA, FL 32725</b>		
2. Principal Place of Business <b>1562 Tropic Park Dr.</b> Suite, Apt. #, etc.		3. Mailing Address <b>1562 Tropic Park Dr.</b> Suite, Apt. #, etc.			
City & State <b>Sanford Florida</b> Zip <b>32773</b>		City & State <b>Sanford Florida</b> Zip <b>32773</b>		4. FEI Number <b>42-1634824</b>	
Country <b>USA</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>WILSON, STACEY 1650 STERLING SILVER BLVD DELTONA, FL 32725</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 <u>Stacey Wilson</u> <b>Stacey Wilson</b> <b>MGRM Vice-President</b> <b>2/23/05</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS / MANAGERS</b>			<b>10. ADDITIONS / CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM WILSON, STACEY 1650 STERLING SILVER BLVD DELTONA, FL 32725</b> <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	<b>MGRM VOIT, TIM 1650 STERLING SILVER BLVD DELTONA, FL 32725</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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.					
<b>SIGNATURE: <u>Stacey Wilson</u> <b>Stacey Wilson</b> <b>2/23/05</b> <b>(407) 232-6098</b></b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					