## 2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

## DOCUMENT# L04000033938

Entity Name: MARINE HOLDINGS II, LLC

FILED May 19, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

275 NORTH SWINTON AVENUE 961 IRIS DRIVE

DELRAY BEACH, FL 33444 DELRAY BEACH, FL 33483

Current Mailing Address: New Mailing Address:

275 NORTH SWINTON AVENUE 961 IRIS DRIVE

DELRAY BEACH, FL 33444 DELRAY BEACH, FL 33483

FEI Number: 30-0170152 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

LEE, HAROLD P S, T
275 NORTH SWINTON AVENUE
7531 S. ORIOLE BLVD

DELRAY BEACH, FL 33444 US 103
DELRAY BEACH, FL 33446 US

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.

SIGNATURE: 05/19/2006

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGR () Delete Title: MGR (X) Change () Addition

 Name:
 LEE, HAROLD P S, T
 Name:
 LEE, HAROLD P S, T

 Address:
 275 NORTH SWINTON AVENUE
 Address:
 7531 S. ORIOLE BLVD # 103

 City-St-Zip:
 DELRAY BEACH, FL 33444
 City-St-Zip:
 DELRAY BEACH, FL 33446

Title: ( ) Delete Title: MGR ( ) Change (X) Addition

 Name:
 Name:
 NEVES, MICHAEL

 Address:
 Address:
 1687 INLET DRIVE

 City-St-Zip:
 City-St-Zip:
 NORTH FORT MYERS, FL 33903 50

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: HAROLD P. LEE MGR 05/19/2006