

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000035572

FILED  
May 15, 2008  
Secretary of State

Entity Name: HANSEN MARINE SERVICES, LLC

**Current Principal Place of Business:**

134 RIBERIA STREET UNIT 10  
ST AUGUSTINE, FL 32084

**New Principal Place of Business:**

11 PRAWN STREET  
ST AUGUSTINE, FL 32084

**Current Mailing Address:**

P.O. BOX 2771  
PONTE VEDRA, FL 32004

**New Mailing Address:**

FEI Number: 20-1105163      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

HANSEN, KATHRYN A  
134 RIBERIA STREET UNIT 10  
ST AUGUSTINE, FL 32084      US

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

HANSEN, KATHRYN A  
11 PRAWN STREET  
ST AUGUSTINE, FL 32084      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: \_\_\_\_\_

05/15/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: HANSEN, KATHRYN A  
Address: 134 RIBERIA STREET, UNIT 10  
City-St-Zip: ST AUGUSTINE, FL 32084

**ADDITIONS/CHANGES:**

Title: MGR      (X) Change      ( ) Addition  
Name: HANSEN, KATHRYN A  
Address: 11 PRAWN STREET  
City-St-Zip: ST AUGUSTINE, FL 32084

I hereby certify that the information supplied with this filing does not qualify 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: KATHRYN A HANSEN

MGR

05/15/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date