


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

FILED
Mar 05, 2008 8:00 am
Secretary of State

03-05-2008 90205 012 ***138.75

DOCUMENT # L04000036005	
1. Entity Name BLUE ICE MARINE SERVICES, LLC	

Principal Place of Business 7090 PLACIDA RD PLACIDA FL 33946	Mailing Address P.O. BOX 643 PLACIDA FL 33946-0643
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2. Principal Place of Business - No P.O. Box # 6349 Golf Course Blvd	3. Mailing Address 6349 Golf Course Blvd
Suite, Apt. #, etc. Punta Gorda, FL	Suite, Apt. #, etc. Punta Gorda, FL
City & State 33982 USA	City & State 33982 USA
Zip 33982	Country USA

60012584

1st MOORE CR2E083 (10/07)

4. FEI Number 20-1144544	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 MARTIN, DAVID 7090 PLACIDA RD PLACIDA FL 33946	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 David D. Martin owner David D. Martin 2-25-08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when registering) DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008, Fee Will Be \$538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MARTIN, DAVID 7090 PLACIDA RD. PLACIDA FL 33946 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	6349 Golf Course Blvd Punta Gorda, FL. 33982 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: David D. Martin David D. Martin 2-25-08 941-626-8040
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #