

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90014 026 ****50.00

DOCUMENT # L04000064216 1. Entity Name TRANS OCEAN ENERGY SERVICES, L.C.					
Principal Place of Business 3111 NORTH UNIVERSITY DRIVE SUITE 1030 CORAL SPRINGS, FL 33065			Mailing Address 3111 NORTH UNIVERSITY DRIVE SUITE 1030 CORAL SPRINGS, FL 33065		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
RUFFIN, JOHN W JR. 3111 NORTH UNIVERSITY DRIVE SUITE 1030 CORAL SPRINGS, FL 33065			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ (NOTE: Registered Agent signature required when reinstating) <small>Signature, typed or printed name of registered agent and title if applicable. DATE</small>					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE <small>NAME</small>	MGRM RUFFIN, JOHN W JR.	<input type="checkbox"/> Delete	TITLE <small>NAME</small>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS <small>CITY-ST-ZIP</small>	9650 NW 42ND STREET CORAL SPRINGS, FL 33065		STREET ADDRESS <small>CITY-ST-ZIP</small>		
TITLE <small>NAME</small>	MGRM PERRYMAN, JAMES	<input type="checkbox"/> Delete	TITLE <small>NAME</small>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS <small>CITY-ST-ZIP</small>	8694 KIMBLE WAY BOCA RATON, FL 33433		STREET ADDRESS <small>CITY-ST-ZIP</small>		
TITLE <small>NAME</small>	MGRM SALTER, BRYANT	<input type="checkbox"/> Delete	TITLE <small>NAME</small>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS <small>CITY-ST-ZIP</small>	16810 SW 88TH COURT PALMETTO BAY, FL 33157		STREET ADDRESS <small>CITY-ST-ZIP</small>		
TITLE <small>NAME</small>		<input type="checkbox"/> Delete	TITLE <small>NAME</small>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS <small>CITY-ST-ZIP</small>			STREET ADDRESS <small>CITY-ST-ZIP</small>		
TITLE <small>NAME</small>		<input type="checkbox"/> Delete	TITLE <small>NAME</small>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS <small>CITY-ST-ZIP</small>			STREET ADDRESS <small>CITY-ST-ZIP</small>		
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.					
SIGNATURE:			3/23/05 754-341-6667		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		