## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Apr 18, 2005 8:00 am Secretary of State

04-18-2005 90071 018 \*\*\*\*50 00

DOCUMENT # L0400064998  1. Entity Name ALL SYSTEMS MARINE L.L.C.							04-18-2005 9	0071 018	*****50	.00
Principal Place of Business P.O. BOX 3481 CLEARWATER, FL 33767			Mailing Address P.O. BOX 3481 CLEARWATER, FL 33767			, 48 <b>2</b> 487 <b></b>		ı Belik Pilli Sieli	19110 (SIS) 18	4821 (1) (82)
2. Principal Place of Business			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			04062005	Chg-LLC	CR2E08	3 (10/03)	
City & State			City & State			4. FEI Numbe	541180		_ <del> `</del>	plied For at Applicable
Zip		Country Zip Cou		Coun	try	5. Certificate	of Status Desired		5.00 Add ee Require	
	6. Name	and Address of Current R	egistered Agent	gistered Agent Name			Address of New R	egistered Aç	ent	
MOUNTAI 126 BUEN						P.O. Box Numbe	er is Not Acceptable	)		·
DUNEDIN	, FL 3469	8								
			City				FL	Zip Cod	е	
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										
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent algnature required when reinstating) DATE										
Filing Fee is \$50.00 Due by May 1, 2005								e check pa Departme		
9.		MANAGING MEMBER	RS/MANAGERS	10.			ADDITIONS/	CHANGES		
TITLE				TITLE					☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	126 BUEN	NA VISA DR. S N, FL 34698			ET ADDRESS • ST • ZIP					•
TITLE	Delete TITI								Change	☐ Addition
NAME Street address				NAM	ET ADORESS					
CITY-ST-ZIP					-ST-ZiP					
TITLE			☐ Delete	TITLE	i i				☐ Change	Addition
NAME STREET ADDRESS				NAM	E ET ADDRESS					
CITY-ST-ZIP					-ST-ZIP					
TITLE			☐ Delete	ПП					☐ Change	Addition
NAME STREET ADORESS				NAM	E ET ADORESS					
CITY-\$1-ZIP	]				-ST-ZIP					
TITLE		<u>-</u>	☐ Delete	ШТ					Change	☐ Addition
NAME STREET ADDRESS				NAM	E Et adoress					
CITY-ST-ZIP	]				-\$1-ZIP					
TITLE	☐ Delete TITL								☐ Change	☐ Addition
NAME STREET ADDRESS				NAM	E ET ADDRESS					
CITY-ST-ZIP					-ST-ZIP					
indicated	on this repo	e information supplied with I	hat my signature shall have	the same	e legal effect as if n	nade under oath	that I am a manag	further certil	y that the ir or manage	nformation or of the
wrinten Na	ынку соттра	ny or the receiver or trustee	empowered to execute this	rehour ga	reduited by Cuab	ter ouo, Florida S	otatules.			

SIGNATURE: 3/04/12/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNANO MANAGINO MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

O4/12/05