2005 LIMITED LIABILITY COMPANY

SIGNATURE:

Aug 25, 2005 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT # L04000065420** 08-25-2005 90106 010 ****50.00 FLORIDA MOBILE MARINE, L.L.C. Principal Place of Business Mailing Address 252 FRIENDSHIP CHURCH ROAD 252 FRIENDSHIP CHURCH ROAD 20067191 CRAWFORDVILLE, FL 32327 CRAWFORDVILLE, FL 32327 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07132005 Chg-LLC CR2E083 (10/03) City & State City & State 4. FEI Number Applied For 20-1576908 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RICHARD A. GLOVER, C.P.A., P.A. 1809 MICCOSUKEE COMMONS DRIVE, STE. 108 Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE, FL 32308 Zip Code 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. , j Signature, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating DATE Filing Fee is \$50.00 Due by September 7, 2005 Make check payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MGRM TITLE TITLE ☐ Change ☐ Addition ☐ Delete FULATER, RANDY J NAME: NAMI-STREET ADDRESS 252 FRIENDSHIP CHURCH ROAD STREET ADDRESS CRAWFORDVILLE, FL 32327 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Deleta ☐ Addition ШΕ MLE Channe NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE Detete TITLE ☐ Change ■ Addition NASAF NAME STREET ADDRESS STREET ADDRESS CITY-ST-70 CITY-ST-70 ☐ Delete ☐ Addition NA NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 transport is transport and accurate and that my signature shall have the same legal effect as if made under cath; that I am a managing member or manager of the limited liability company of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

AND TYPED OR PRINTED MAKE OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED