

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 07, 2005 8:00 am
Secretary of State

04-07-2005 90094 034 ****50.00

DOCUMENT # L04000079661					
1. Entity Name B AND C MARITIME, LLC					
Principal Place of Business 1441 LANDINGS CIRCLE SARASOTA, FL 34231			Mailing Address 1441 LANDINGS CIRCLE SARASOTA, FL 34231		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 04042005 Chg-LLC CR2E083 (10/03)	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent BENJAMIN, ROBERT W 200 SOUTH ORANGE AVENUE SARASOTA, FL 34236			7. Name and Address of New Registered Agent Name <u>William F. Chastain Jr.</u> Street Address (P.O. Box Number is Not Acceptable) <u>1441 LANDINGS CIRCLE</u> City <u>SARASOTA</u> FL Zip Code <u>34231</u>		
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 <u>W. F. Chastain Jr.</u> DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</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 NAME STREET ADDRESS CITY-ST-ZIP	<u>MEM</u> <u>WILLIAM F. CHASTAIN JR.</u> <u>1441 LANDINGS CIRCLE</u> <u>SARASOTA, FL 34231</u>		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>MEM</u> <u>JOHN W. BIDDINGER</u> <u>7491 ALBERT TILTINGHAST DR.</u> <u>SARASOTA, FL 34240</u>		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <u>W. F. Chastain Jr.</u>			Date <u>4/4/2005</u> Daytime Phone # <u>941-928-0706</u>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING/ORGANIZING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					