


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 02, 2006 08:00 A**  
**Secretary of State**

DOCUMENT # L04000085051	
1. Entity Name MARINE ENGINEERING SOLUTIONS, LLC	

Principal Place of Business 1977 ILLINOIS AVENUE NE ST. PETERSBURG, FL 33703	Mailing Address 1977 ILLINOIS AVENUE NE ST. PETERSBURG, FL 33703
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02132006 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-1935083	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent  SAXMAN, BONNIE 1977 ILLINOIS AVENUE NE ST. PETERSBURG, FL 33703
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**DO NOT WRITE  
IN THIS SPACE**

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) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$50.00  
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SAXMAN, BONNIE 1977 ILLINOIS AVENUE NE ST. PETERSBURG, FL 33703
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SAXMAN, KEVIN 1977 ILLINOIS AVENUE NE ST. PETERSBURG, FL 33703
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03/14/06-80023-014 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: Bonnie Saxman Bonnie Saxman 2/27/06 727-522-9752  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #