2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000090910

1. Entity Name
DINGMAN MARINE LLC

Principal Place of Business	Mailing Address
801 N MAGNOLIA AVENUE STE 302 ORLANDO, FL 32803	C/O EARL M LEIFFER, 801 N MAGNOLIA AVE STE 302 ORLANDO, FL 32803

DO NOT WRITE IN THIS SPACE

01032008 No Chg-LLC   CR2E083 (12/07)

4. FEI Number		Applied For
26-7647908		Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

HAFT, STUART J
340 ROYAL POINCIANA WAY
SUITE 321
PALM BEACH, FL 33480

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 _____

Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

9.   MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	LEIFFER, EARL M
STREET ADDRESS	801 N MAGNOLIA AVENUE STE 302
CITY-ST-ZIP	ORLANDO, FL 32803

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000775219
01/08/08-80021-012 143.75

DO NOT WRITE IN THIS SPACE

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: _Earl M L_ EARL M. LEIFFER 1-3-08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #