## 2006 LIMITED LIABILITY COMPANY ANNUAL REPOR

## FILED Feb 20, 2006 8:00 am Secretary of State

Zip Country Zip Country S. Certificate of Status Desired S. S. D. Addition Revenue and Address of Current Registered Agent T. Name and Address of New Regi	1. Entity Nam	NIEINT # E03000014 % AL & MARITIME EQUIPMEN					01-19-2006	90064 (	)32 ****	50.00
Suite, Apt. 8, etc.    Suite, Apt. 9, etc.   Suite, Apt. 9, etc.   Suite, Apt. 9, etc.   O1052008   Chg-LLC   CR2E083 (11/05)	5400 S.W. 8	6TH STREET			3(	0000	747			
City & State  Country  Indicator  8. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  7. Name and Address of New Registered Agent  8. Name and Address of New Registered Agent  7. Name and Address of New Registered Agent  8. Name  ROVIROSA, RICHARD G  \$500 SW, 86TH STREET  MIAMI, FL 33143  City  City  FL  Zip Code  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familier with, and the obligations of registered agent.  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  MGR  MGR  MGR  MGR  MGR  MGR  MGR  M	2. Principal P	lace of Business	3. Mailing Address		<del></del>					
Size   Country   Zip   Country   St. Certificate of Status Desired   \$5.00 Additions of St. On Additions of Current Registered Agent   T. Name and Address of New Registered Agent   Name   Name   Address of New Registered Agent   Name   Name   Address of New Registered Agent   Name   Address of New Registered Agent   Name   N	Suite, Apt.	#, etc.	Suite, Apt. #, etc.			01052006	Chg-LLC	CR2E	)83 (11/05)	)
E. Name and Address of Current Registered Agent  E. Name and Address of Current Registered Agent  T. Name and Address of New Registered Agent  T. T. Name and Address of New Registered Agent  T. Name an	City & State		City & State		<del></del>	4. FEI Number	-250 16	23		pplied For lot Applicable
ROVIROSA, RICHARD G \$400 S.W. 86TH STREET MIAMI, FL 33143  City  City  FL Zo Code  3. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent.  SIGNATURE  Filling Fee is \$50.00  Due by May 1, 2008  Filling Fee is \$50.00  Due by May 1, 2008  SIGNATURE  MARK ROVIROSA, RICHARD G SHORT ADDRESS  CITY-ST-ZP  MIAMI, FL 33143  TITLE  MOR ROVIROSA, RICHARD G SHORT ADDRESS  CITY-ST-ZP  TITLE  MAME SIRET ADDRESS	Zip	Country	Zip	Coun	try				\$5.00 Ad	Iditional
Street Address (P.O. Box Number is Not Acceptable)  City  City  FL  Z/p Code  a. 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 the obligations of registered agent.  SIGNATURE  Filting Fee is \$50.00  Due by May 1, 2008  Filting Fee is \$50.00  Make check payable to Florida Department of State.  Filting Fee is \$50.00  Make check payable to Florida Department of State.  Filting Fee is \$50.00  Make check payable to Florida Department of State.  Filting Fee is \$50.00  Make check payable to Florida Department of State.  Filting Fee is \$50.00  Make check payable to Florida Department of State.  Filting Fee is \$50.00  Make check payable to Florida Department of State.  Filting Fee is \$50.00  Make check payable to Florida Department of State.  Filting Fee is \$50.00  Make check payable to Florida Department of State.  Filting Fee is \$50.00  Filting Fee is \$50.00  Make check payable to Florida Department of State.  Filting Fee is \$50.00  Make check payable to Florida Department of State.  ITILE  MAKE  FILTING FEE ADDRESS  CITY-ST-2P  ITILE  MAKE  STREET ADDRESS  CITY-ST-2P  STREET ADDRESS  CITY-ST-2		6. Name and Address of Current I	Registered Agent		Name	7. Name and	Address of New R	egistered .	Agent	
City FL Zip Code  5. 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 the obligations of registered agent.  SIGNATURE  SIGNATURE  Synthesis types or private name of legistered agent and the # applicable. (NOTE Projection Agent algorithm resolution)  Pilling Fee to \$50.00  Due by May 1, 2008  Make check payable to Florida Department of State  9. MANAGING MEMBERS/MANAGERS  10. ADDITIONS/CHANGES  CITY-ST-ZIP  MIAM  SIRET ADDRESS  CITY-ST-ZIP  MIAMI, FL 33143  CITY-ST-ZIP  ITTLE  MAGR  MAWAIN, FL 33143  CITY-ST-ZIP  TITLE  MAMAIN, FL 33143  CITY-ST-ZIP  Change  Chan				Street Address (P.O. Box Number is Not Acceptable)						
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent.  SIGNATURE  Signature, Speak or petrect name of registerial squart and day applicable.  (NOTE Registered Agent algorators required agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent.  SIGNATURE  Signature, Speak or petrect name of registerial squart and day applicable.  (NOTE Registered Agent algorators required agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent, or both, in the State of Florida. I am familiar with, and Florida State of										
SIGNATURE  Signature, typed or printed name of legistered agent and othe if applicable. (NOTE Registered Agent algrapher involved when retiretating)  Pilling Fee is \$50.00  Due by May 1, 2006  INTE  MARC check payable to Florida Department of State  9. MANAGING MEMBERS/MANAGERS  19. ADDITIONS/CHANGES  INTE  MARC ROVIROSA, RICHARD G  STREET ADDRESS  CITY-ST-ZP  MIAMI, FL 33143  DITY-ST-ZP  MIAMI, FL 33143  Delete  MARE  STREET ADDRESS  STREET MORESS  STREET MORESS  STREET ADDRESS  STREET ADDRESS  CITY-ST-ZP  MIAMI, FL 33143  Delete  MARE  STREET ADDRESS  CITY-ST-ZP  THE  Change	,				City			FL	Zip Cox	de
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Filing Fee is \$50.00 Due by May 1, 2006  B. MANAGING MEMBERS/MANAGERS  III.  MAR  ROVIROSA, RICHARD G  STRET ADDRESS  CITY-ST-2P  III.E  MAME  STRET ADDRESS  STRET ADDRESS  CITY-ST-2P  III.E  MAME  STRET ADDRESS  STRET ADDRESS  CITY-ST-2P  III.E  MAME  STRET ADDRESS  STRET AD	SIGNATURE .	Signature, typed or printed name of registered agent a	and title If applicable. (NOTE:	Registered	J Agent signature requir	ed when reinstating)		DATE		<del></del>
TITLE MGR ROVIROSA, RICHARD G MAME ROVIROSA, RICHARD G MAME ROVIROSA, RICHARD G MAME STREET ADDRESS CITY-ST-2P MIAMI, FL 33143 CITY-ST-2P CITY-ST-2P CITY-ST-2P CITY-ST-2P CITY-ST-2P MIAMI, FL 33143 CITY-ST-2P CITY-ST-2P CITY-ST-2P CITY-ST-2P CITY-ST-2P MIAMI, FL 33143 CITY-ST-2P CITY-S	F)	ling Fee is \$50.00 ue by May 1, 2006	· ·			check p				
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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 eath; that I am a managing member or manager of the imited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.  SIGNATURE:  SIGNATURE:	indicated limited lia	on this report is true and accurate and billity company or the receiver or trustee	that my signature shall have the empowered to execute this re	he same aport es	legal effect as if required by Cha	made under oath; pter 608, Florida St	that lam a managi	ther certifying member	that the info r or manage	ormation or of the



## FLORIDA DEPARTMENT OF STATE Division of Corporations

January 24, 2006

TERMINAL & MARITIME EQUIPMENT, LLC 5400 S.W. 86TH STREET MIAMI, FL 33143

Subject: TERMINAL & MARITIME EQUIPMENT, LLC

Reference Number:

L05000014209

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/JE ANNUAL REPORTS SECTION