2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

Mar 05, 2007 08:00 AM **DOCUMENT # L05000032746** Secretary of State 1. Entity Name PHANTOM MARINE, LLC Principal Place of Business Mailing Address 973 LANDMARK CIRCLE P. O. BOX 531143 TIERRA VERDE, FL 33715 US ST. PETERSBURG, FL 33711 US 03012007 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-2635591 Not Applicable \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent DO NOT WRITE ST. JEAN, KENNETH R 973 LANDMARK CIRCLE TIERRA VERDE, FL 33715 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. 1 am familiar with, and accept the obligations of registered agent, SIGNATURE. Signature, broad or printed name of registered agent and title if anour able (NOTE Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2007 9. MANAGING MEMBERS/MANAGERS MGR TITLE ST. JEAN, KENNETH R NAME STREET ADDRESS 973 LANDMARK CIRCLE CITY-ST-ZIP TIERRA VERDE, FL 33715 TITLE //00000656865 03/14/07-80040-018/50:00 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS **DO NOT WRITE** CITY-ST-7IP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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 timited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

CITY-ST-ZIP

TITLE

NAME

STREET AODRESS

NORTH OR DESIGNED NAME OF BIGHING MANAGING MEMBER OR AUTHORITED BEBBERRYATIVE

3/01/01

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Daytime Phone #

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