

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Jan 31, 2006 08:00 AM**  
**Secretary of State**

|                                                           |  |                                                                                    |
|-----------------------------------------------------------|--|------------------------------------------------------------------------------------|
| <b>DOCUMENT # L05000047511</b>                            |  |  |
| 1. Entity Name<br><b>LEE HILL MARINE SERVICES, L.L.C.</b> |  |                                                                                    |



1st MOORE CR2E083 (10/05)

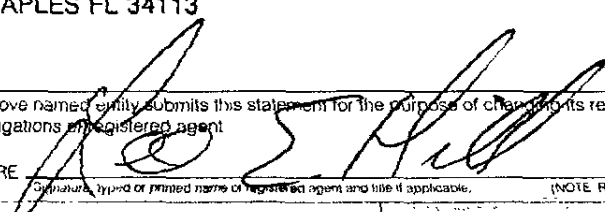
|                                                                                      |                                                                          |
|--------------------------------------------------------------------------------------|--------------------------------------------------------------------------|
| Principal Place of Business<br><b>5209 CYPRESS AVENUE<br/>NAPLES FL 34113<br/>US</b> | Mailing Address<br><b>5209 CYPRESS AVENUE<br/>NAPLES FL 34113<br/>US</b> |
|--------------------------------------------------------------------------------------|--------------------------------------------------------------------------|

|                                                                                                                                                                                 |                                                                                                                                                                     |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 2. Principal Place of Business<br><b>5209 CYPRESS LN</b><br>Suite, Apt. #, etc.<br><b>N/A</b><br>City & State<br><b>Naples, FL</b><br>Zip<br><b>34113</b> Country<br><b>USA</b> | 3. Mailing Address<br><b>5209 CYPRESS LN</b><br>Suite, Apt. #, etc.<br><b>N/A</b><br>City & State<br><b>Naples, FL</b><br>Zip<br><b>34113</b> Country<br><b>USA</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                  |                                                                    |
|----------------------------------|--------------------------------------------------------------------|
| 4. FEI Number                    | Applied For<br><input checked="" type="checkbox"/> NOT Applying    |
| 5. Certificate of Status Desired | <input checked="" type="checkbox"/> \$5.00 Additional Fee Required |

|                                                                                                                 |
|-----------------------------------------------------------------------------------------------------------------|
| 6. Name and Address of Current Registered Agent<br><b>HILL, LEE<br/>5209 CYPRESS AVENUE<br/>NAPLES FL 34113</b> |
|-----------------------------------------------------------------------------------------------------------------|

|                                                                                                                                         |
|-----------------------------------------------------------------------------------------------------------------------------------------|
| 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> Zip Code |
|-----------------------------------------------------------------------------------------------------------------------------------------|

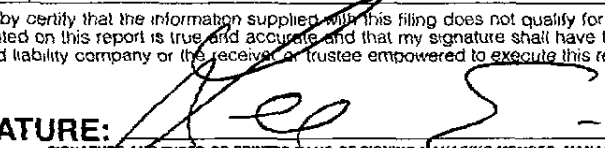
|                                                                                                                                                                                                                                    |                                                                                                 |                        |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|------------------------|
| 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, the registered agent. | SIGNATURE<br> | DATE<br><b>1-23-06</b> |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|------------------------|

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2006**

| 9. MANAGING MEMBERS / MANAGERS                 |                                                                                             | 10. ADDITIONS / CHANGES                        |                                                              |
|------------------------------------------------|---------------------------------------------------------------------------------------------|------------------------------------------------|--------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>HILL, LEE<br>5209 CYPRESS AVENUE<br>NAPLES FL 34113 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Add |

**000000412193**  
**02/10/06-80038-004-55.00**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

|                                                                                                   |                        |
|---------------------------------------------------------------------------------------------------|------------------------|
| SIGNATURE:<br> | DATE<br><b>1-23-06</b> |
|---------------------------------------------------------------------------------------------------|------------------------|