## **2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT # L05000053504 1. Entity Name MARÍTIME, LLC



Principal Place of Business

2207 REACON STREET

Mailing Address

2207 DEACON STREET

POMPANO B	EACH, FL 33062	POMPANO BEACH, FL 3	33062	1 / • • • • • •	ti BB(B) B(   BB(   BB()) BB())	38(4) 83)88 ISBI BIIII RBIN B	18381 181 1 <del>3</del> 81
2. Principal P	lace of Business	3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02012006	Chg-LLC	CR2E083 (11/05)	1
City & State		City & State		4. FEI Numb	294907	7~~	pplied For ot Applicable
Zip	Country	Zip	Country	5. Certificati	e of Status Desired	S5.00 Ac Fee Requir	lditional ed
	6. Name and Address of Current F	Registered Agent	stered Agent -		7. Name and Address of New Registered Agent		
			Name				
STERN, MARK 7087 VIA MARBELLA BOCA RATON, FL 33433		Street Address (P.O		ss (P.O. Box Numb	per is Not Acceptable)		
BOCA RA	TON, FL 33433						
			City			FL Zip Co	
8. The above	named entity submits this statement for ions of registered agent.	the purpose of changing its r	egistered office or regis	stered agent, or be	oth, in the State of Flor	ida. I am familiar with	, and accept
like obligat	ions of registered agent.				11 173		
SIGNATURE.	1110				4.17.06		
	Signature, types or printed name of registered agent as	nd title il applicable. (NOTE:	: Registered Agent signature requ	uired when reinstating)		DATE	
Filing Fee is \$50.00 Due by May 1, 2006							
Fi D	ling Fee is \$50.00 ue by May 1, 2006					check payable to Department of Sta	te
9.	ue by May 1, 2006	RS/MANAGERS	<b>I</b> 10.		Florida	Department of Sta	te
9.	ling Fee is \$50.00 ue by May 1, 2006  MANAGING MEMBER		1			Department of Sta	
D	we by May 1, 2006  MANAGING MEMBER	RS/MANAGERS	10. TITLE NAME		Florida	Department of Sta	te ☐ Addition
9.	MANAGING MEMBER MGRM		TITLE		Florida	Department of Sta	
9. TITLE NAME	MANAGING MEMBER MGRM SORTINO, JOHN		TITLE NAME	2/-	Florida	Department of Sta	
9.  TITLE  NAME  STREET ADDRESS	MANAGING MEMBER MGRM SORTINO, JOHN 3207 BEACON STREET		TITLE NAME STREET ADDRESS		Florida	Department of Sta	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBER MGRM SORTINO, JOHN 3207 BEACON STREET	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Florida	Department of Sta	☐ Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MANAGING MEMBER MGRM SORTINO, JOHN 3207 BEACON STREET	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		Florida	Department of Sta	☐ Addition
9.  IIILE NAME STREET ADDRESS CITY-SI-ZIP IIILE NAME	MANAGING MEMBER MGRM SORTINO, JOHN 3207 BEACON STREET	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		Florida	Department of Sta	☐ Addition
9.  IIILE NAME STREET ADDRESS CITY-SI-ZIP IIILE NAME STREET ADDRESS	MANAGING MEMBER MGRM SORTINO, JOHN 3207 BEACON STREET POMPANO BEACH, FL 33062	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		Florida	Department of Sta	☐ Addition
9. TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP	MANAGING MEMBER MGRM SORTINO, JOHN 3207 BEACON STREET POMPANO BEACH, FL 33062	☐ Delete ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		Florida	Department of Sta	Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MANAGING MEMBER MGRM SORTINO, JOHN 3207 BEACON STREET POMPANO BEACH, FL 33062	☐ Delete ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		Florida	Department of Sta	Addition
9.  TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME	MANAGING MEMBER MGRM SORTINO, JOHN 3207 BEACON STREET POMPANO BEACH, FL 33062	☐ Delete ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		Florida	Department of Sta	Addition
9.  1ITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	MANAGING MEMBER MGRM SORTINO, JOHN 3207 BEACON STREET POMPANO BEACH, FL 33062	☐ Delete ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		Florida	Department of Sta	Addition
9.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MANAGING MEMBER MGRM SORTINO, JOHN 3207 BEACON STREET POMPANO BEACH, FL 33062	☐ Delete ☐ Delete ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		Florida	CHANGES Change	Addition  Addition
9.  1ITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	MANAGING MEMBER MGRM SORTINO, JOHN 3207 BEACON STREET POMPANO BEACH, FL 33062	☐ Delete ☐ Delete ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		Florida	CHANGES Change	Addition  Addition
9.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MANAGING MEMBER MGRM SORTINO, JOHN 3207 BEACON STREET POMPANO BEACH, FL 33062	☐ Delete ☐ Delete ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		Florida	CHANGES Change	Addition  Addition
9.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MANAGING MEMBER MGRM SORTINO, JOHN 3207 BEACON STREET POMPANO BEACH, FL 33062	☐ Delete ☐ Delete ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Florida	CHANGES Change	Addition  Addition
9.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MANAGING MEMBER MGRM SORTINO, JOHN 3207 BEACON STREET POMPANO BEACH, FL 33062	☐ Delete ☐ Delete ☐ Delete ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME		Florida	Department of Sta  CHANGES  Change  Change	Addition  Addition  Addition
9.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MANAGING MEMBER MGRM SORTINO, JOHN 3207 BEACON STREET POMPANO BEACH, FL 33062	☐ Delete ☐ Delete ☐ Delete ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Florida	Department of Sta  CHANGES  Change  Change	Addition  Addition  Addition

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.

TITLE

NAME

STREET ADDRESS CITY - ST - ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINCE

NAME

STREET ADDRESS

CITY-ST-ZIP

Delete

4-17.06

954-592-7190

**FILED** 

Apr 20, 2006 8:00 am Secretary of State

04-20-2006 90023 015 \*\*\*\*50.00

20033062

NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #

☐ Change

■ Addition