

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000055181

FILED  
Jul 11, 2006  
Secretary of State

Entity Name: 1ST MATE MARINE SERVICES LLC

**Current Principal Place of Business:**

P. O. BOX 367624  
BONITA SPRINGS, FL 34136 US

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 367624  
BONITA SPRINGS, FL 34136 US

**New Mailing Address:**

FEI Number: 43-2083157      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

SMITH, KEVIN C  
27290 RIVER ROYALE CT.  
BONITA SPRINGS, FL 34135 US

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: SMITH, KEVIN C  
Address: 27290 RIVER ROYALE CT.  
City-St-Zip: BONITA SPRINGS, FL 34135 US

Title: MGRM ( ) Delete  
Name: WALKER, JOHN C  
Address: 11382 KIMBLE DRIVE  
City-St-Zip: FORT MYERS, FL 33908 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: KEVIN C SMITH

PRES

07/11/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date