## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

CITY-ST-ZIP

## **FILED** Feb 16, 2007 08:00 A Secretary of State DOCUMENT # L05000060655 A&A MARINE, LLC Principal Place of Business Mailing Address 44 AVENIDA MENENDEZ **44 AVENIDA MENENDEZ** ST. AUGUSTINE, FL 32084 ST. AUGUSTINE, FL 32084 CR2E083 (11/05) 01182007 No Chg-LLC Applied For 4. FEI Number 20-4059312 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE ARBIZZANI, LOUIS J 44 AVENIDA MENENDEZ ST. AUGUSTINE, FL 32084 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 Fiorida. I am familiar with, and accept the obligations of registered agent, (NOTE Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2007 9. MANAGING MEMBERS/MANAGERS TITLE NAME ARBIZZANI, LOUIS J STREET ADDRESS 44 AVENIDA MENENDEZ CITY-ST-ZIP ST. AUGUSTINE, FL 32084 MGR TITLE ASHCRAFT, JAMES NAME STREET ADDRESS 14011 PHILLIPS HWY CITY-ST-ZIP JACKSONVILLE, FL 32256 NAME STREET ADDRESS CITY-ST-ZIP IN THIS SPAC NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

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