

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000064787

FILED  
Jan 03, 2006  
Secretary of State

Entity Name: ALL SEASONS MARINE SERVICES LLC

## Current Principal Place of Business:

1160 HOLLYGATE LANE  
NAPLES, FL 34103

## New Principal Place of Business:

1278 TRAIL TERRACE DRIVE  
NAPLES, FL 34103

## Current Mailing Address:

1160 HOLLYGATE LANE  
NAPLES, FL 34103

## New Mailing Address:

1278 TRAIL TERRACE DRIVE  
NAPLES, FL 34103

FEI Number: 34-2056701

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BILITZKE, JOSHUA E  
1160 HOLLYGATE LN.  
NAPLES, FL 34103 US

## Name and Address of New Registered Agent:

SMITHEM, BRADLEY C  
1278 TRAIL TERRACE DRIVE  
NAPLES, FL 34103 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: BRAD SMITHEM

01/03/2006

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM (X) Delete  
Name: BILITZKE, JOSHUA E  
Address: 1160 HOLLYGATE LANE  
City-St-Zip: NAPLES, FL 34103

Title: MGRM ( ) Delete  
Name: SMITHEM, BRADLEY C  
Address: 1278 TRAIL TERRACE DRIVE  
City-St-Zip: NAPLES, FL 34103

## 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: BRAD SMITHEM

MGRM

01/03/2006

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