



2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 16, 2006 8:00 am
Secretary of State

03-16-2006 90028 031 ****55.00

DOCUMENT # L05000113838 1. Entity Name MITSCH MARINE ENTERPRISE, LLC					
Principal Place of Business 6609 CARRINGTON SKY DRIVE APOLLO BEACH, FL 33572			Mailing Address 6609 CARRINGTON SKY DRIVE APOLLO BEACH, FL 33572		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 13194 US Highway 301 S Suite # 311			
City & State 		City & State Riverview, FL		4. FEI Number 20-3859989	
Zip 		Zip 33569		Country USA	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent MANCINO, MARC CPA C/O GENERAL ACCOUNTING SYSTEMS 601 5TH AVENUE NORTH ST. PETERSBURG, FL 33701			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2006				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MITSCH, JOSEPH 6609 CARRINGTON SKY DRIVE APOLLO BEACH, FL 33572 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MITSCH, LIESKA 6609 CARRINGTON SKY DRIVE APOLLO BEACH, FL 33572 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.					
SIGNATURE: <i>Lieska Mitsch</i> Lieska Mitsch				3-14-06 (727) 224-9520	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date Daytime Phone #	