

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000011394

Entity Name: G&R MARINE, LLC

FILED  
Mar 29, 2007  
Secretary of State

**Current Principal Place of Business:**

5967 102ND AVENUE NORTH  
PINELLAS PARK, FL 33782 US

**New Principal Place of Business:**

**Current Mailing Address:**

5967 102ND AVENUE NORTH  
PINELLAS PARK, FL 33782 US

**New Mailing Address:**

FEI Number: 20-4220940

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

QUAIL, RICK  
5967 102ND AVENUE NORTH  
PINELLAS PARK, FL 33782 US

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

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: QUAIL, RICK  
Address: 5967 102ND AVENUE NORTH  
City-St-Zip: PINELLAS PARK, FL 33782 US

Title: MGRM ( ) Delete  
Name: QUAIL, GUY  
Address: 14935 STATE RD. 29 SOUTH  
City-St-Zip: IMMOKALEE, FL 34142 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: QUAIL, RICK MGMR  
Address: 5967 102ND AVENUE NORTH  
City-St-Zip: PINELLAS PARK, FL 33782 US

Title: MGRM (X) Change ( ) Addition  
Name: QUAIL, GUY MGMR  
Address: 14935 STATE RD. 29 SOUTH  
City-St-Zip: IMMOKALEE, FL 34142 US

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: RICHARD QUAIL

MGMR

03/29/2007

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