## 2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

## **FILED** Apr 19, 2007 8:00 am Secretary of State

4/2/

1. Entity Name	MENT # L0600002! ER MARINE, LLC	5811				04-02-200	)/ 904 <b>3</b> 1	018	·**50.00
Principal Place of Business 5441 RICHEY DRIVE NEW PORT RICHEY, FL 34652		Mailing Address 5441 RICHEY DRIVE NEW PORT RICHEY, FL 34652			3000522	4			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03272007	Chg-LLC	CR2E08	3 (12/06)		
City & State		City & State		4. FEI Numb	5-25655(	ol .	<del></del>	plied For LApplicable	
Zip Country		Zip	Country		5. Certificate	of Status Desired		5.00 Add se Required	
	6. Name and Address of Curren	t Registered Agent		1	7. Name and	Address of New Re	gistered A	ent	
MORAHAN	J PATRICIA A			Name					
MORAHAN, PATRICIA A 5441 RICHEY DRIVE NEW PORT RICHEY, FL 34652				Street Addre	ess (P.O. Box Numb	er is Not Acceptable			
				<u> </u>				T 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
				City			FL	Zip Code	9
	named entity submits this statement lions of registered agent.	for the purpose of changing its	s register	ed office or reg	pistered agent, or tx	th, in the State of Floo	nda. I am fa	miliar with,	and accept
SIGNATURE .	Signature, typed or printed name of registered ager	nt and little if applicable. (NO	TE: Registere	Agent signature re	idmed were severaged)		DATE		
Filing Fee is \$50.00 Due by May 1, 2007						Make check payable to Fiorida Department of State			
									•
		BERS/MANAGERS	10.				Departme: CHANGES	nt of State	· 
9.	MANAGING MEME	BERS/MANAGERS Delete	กก	1		Florida	Departme: CHANGES		☐ Addition
9. TILE HAME	MANAGING MEME MGRM MORAHAN, PATRICIA A		TITL NAV	ŧ		Florida	Departme: CHANGES	nt of State	
9.	MANAGING MEME	☐ Delete	TITL NAM STRI	1		Florida	Departme: CHANGES	nt of State	
9. TITLE HAME STREET ADDRESS	MANAGING MEME MANAGING MEME MGRM MORAHAN, PATRICIA A 5441 RICHEY DRIVE	☐ Delete	TITL NAMES TREE DITY THE NAMES TREE STREE STREE STREE	E ET ADDRESS -ST-2P		Florida	Departme: CHANGES	nt of State	
9.  TITLE HAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	MANAGING MEME MANAGING MEME MGRM MORAHAN, PATRICIA A 5441 RICHEY DRIVE	Delicie	TITL HAAM STRICE CITY TITL MAIN STRICE CITY	E ET ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP		Florida	Departme: CHANGES	nt of State	Addition
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11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes, I turther 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 eath; that I am a managing member or manager of the limited liability compeny of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

Pros. PATRICIA A. MOKAMO 3/20/07

727-856-6900 Daytime Phone #