

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000027270

FILED
Apr 30, 2007
Secretary of State

Entity Name: TIGER 88 MARINE PRODUCTS, LLC

Current Principal Place of Business:

352 NE 3RD AVENUE
DELRAY BEACH, FL 33444

New Principal Place of Business:

Current Mailing Address:

352 NE 3RD AVENUE
DELRAY BEACH, FL 33444

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RADABAUGH, RON
352 NE 3RD AVENUE
DELRAY BEACH, FL 33444 US

Name and Address of New Registered Agent:

RADABAUGH, RON
352 NE 3RD AVENUE
DELRAY BEACH, FL 33444 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: RON RADABAUGH

04/30/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: RADABAUGH, RON
Address: 352 NE 3RD AVENUE
City-St-Zip: DELRAY BEACH, FL 33444

Title: MGRM () Delete
Name: LEE, RICHARD
Address: 352 NE 3RD AVENUE
City-St-Zip: DELRAY BEACH, FL 33444

Title: MGRM () Delete
Name: MARTINEZ, KYLE
Address: 352 NE 3RD AVENUE
City-St-Zip: DELRAY BEACH, FL 33444

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 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: RON RADABAUGH

MGRM

04/30/2007

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