

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000027625

**FILED**  
**Mar 10, 2008**  
**Secretary of State**

**Entity Name:** WATERBOURNE MARITIME CONSULTING, LLC

**Current Principal Place of Business:**

4400 HWY 20 EAST  
SUITE 313  
NICEVILLE, FL 32578

**New Principal Place of Business:**

4400 HWY 20 EAST  
SUITE 312  
NICEVILLE, FL 32578

**Current Mailing Address:**

4400 HWY 20 EAST  
SUITE 313  
NICEVILLE, FL 32578

**New Mailing Address:**

4400 HWY 20 EAST  
SUITE 312  
NICEVILLE, FL 32578

**FEI Number:** 20-4503934

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LANDSBERGER, CHRISTOPH J M  
4400 HWY 20 EAST  
SUITE 313  
NICEVILLE, FL 32578 US

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

LANDSBERGER, CHRISTOPH J M  
4400 HWY 20 EAST  
SUITE 312  
NICEVILLE, FL 32578 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:

03/10/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: LANDSBERGER, CHRISTOPH J M  
Address: 4400 HWY 20 EAST, SUITE 313  
City-St-Zip: NICEVILLE, FL 32578 US

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: LANDSBERGER, CHRISTOPH J M  
Address: 4400 HWY 20 EAST, SUITE 312  
City-St-Zip: NICEVILLE, FL 32578 US

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: CHRISTOPH LANDSBERGER

MGR

03/10/2008

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