

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000040741

FILED  
Apr 15, 2007  
Secretary of State

**Entity Name:** TRANS OCEAN INVESTMENT SERVICES, LC

**Current Principal Place of Business:**

3111 NORTH UNIVERSITY DR. SUITE 1030  
CORAL SPRINGS, FL 33065 US

**New Principal Place of Business:**

3111 NORTH UNIVERSITY DRIVE  
CORAL SPRINGS, FL 33065 US

**Current Mailing Address:**

3111 NORTH UNIVERSITY DR. SUITE 1030  
CORAL SPRINGS, FL 33065 US

**New Mailing Address:**

9650 NW 42ND STREET  
CORAL SPRINGS, FL 33065 US

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

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

RUFFIN, JOHN W JR.  
9650 NW 42ND STREET  
CORAL SPRINGS, FL 33065 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: RUFFIN, JOHN W JR.  
Address: 9650 NW 42ND STREET  
City-St-Zip: CORAL SPRINGS, FL 33065 US

Title: MGRM ( ) Delete  
Name: THOMPSON, WILLIAM M  
Address: 357 ROCK ISLAND ROAD  
City-St-Zip: MARGATE, FL 33063 US

**ADDITIONS/CHANGES:**

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 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: WILLIAM M. THOMPSON

MR

04/15/2007

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