


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Sep 06, 2007 8:00 am
Secretary of State

09-06-2007 90037 013 ****55.00

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| DOCUMENT # L06000100057 |  |
| 1. Entity Name SOUTH VESSEL SUPPLIES, L.L.C. | |

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| Principal Place of Business 540 WEST PALM AIR DR. POMPANO BEACH FL 33069 | Mailing Address 540 WEST PALM AIR DR. POMPANO BEACH FL 33069 |
|---|---|

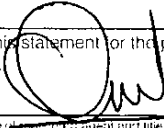


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| 2. Principal Place of Business - No P.O. Box # 575 Oaks Ln Suite, Apt. #, etc. #101 City & State Pompano Beach, FL Zip 33069 Country USA | 3. Mailing Address 575 Oaks Ln Suite, Apt. #, etc. #101 City & State Pompano Beach, FL Zip 33069 Country USA |
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2nd MOORE CR2E083 (4/07)

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|---|---|
| 4. FEI Number 20-5716606 | <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent DE LA VEGA, MARCO 540 WEST PALM AIR DR. POMPANO BEACH FL 33069 | |
| 7. Name and Address of New Registered Agent Name: Marco De la Vega Street Address (P.O. Box Number is Not Acceptable): 575 Oaks Ln, #101 City: Pompano Beach FL Zip Code: 33069 | |

8. 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. I am familiar with, and accept the obligations of registered agent.

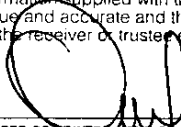
SIGNATURE:  DATE: _____

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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| FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By September 5, 2007 |
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| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|--|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR DE LA VEGA, MIGUEL 540 WEST PALM AIR DR. POMPANO BEACH FL 33069 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR DE LA VEGA, MARCO 540 WEST PALM AIR DR. POMPANO BEACH FL 33069 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR Andres Hibien Geron 575 Oaks Ln, #101 Pompano Beach, FL 33069 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further 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 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:  **8/28/07 954 8502005**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #