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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT # L06000100216

1. Entity Name
SHIPAMERICA LLC

BK

700108990977

Principal Place of Business	Mailing Address
ANDES 1409 OF 301 MONTEVIDEO URUGUAY, XX	ANDES 1409 OF 301 MONTEVIDEO URUGUAY, XX
2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

08312007 Chg-LLC CR2E083 (12/06)

4. FEI Number: NOT APPLICABLE — Applied For ☐

5. Name and Address of Current Registered Agent

FLORIDA FILING & SEARCH SERVICES, INC.
155 OFFICE PLAZA DRIVE SUITE A
TALLAHASSEE, FL 32301

Street Address (P.O. Box Number is Not Acceptable): 115 Office Plaza Drive, Suite A
City: Tallahassee, FL — FL — Zip Code: 32301

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

BK

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM OAKLAWN LIMITED WICKHAMS CAY 1 - P.O. BOX 3085 ROAD TOWN, TORTOLA, B.V.I. ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM LINACRIL S.A. Dr.Lauro Müller 1769 u.401 Montevideo, Uruguay ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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 or supplemental 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: [signature] GWEN RUBAIN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

L06000100216 2 of 2

FLORIDA FILING & SEARCH SERVICES, INC.
P.O. BOX 10662 TALLAHASSEE, FL 32302
155 Office Plaza Drive, Suite A Tallahassee, FL 32301
PHONE: (850) 216-0457; FAX: (850) 216-0460

DATE: 09-04-07

NAME: SHIPAMERICA LLC

TYPE OF FILING: AMENDED ANNUAL REPORT

COST: $50

BK

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ACCOUNT: **FCA0000000015**

AUTHORIZATION: ABBIE/PAUL HODGE

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