


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 18, 2008 8:00 am
Secretary of State

04-18-2008 90155 028 ***138.75

| | | | | | |
|--|--|--|--|---|--|
| DOCUMENT # L07000073108 1. Entity Name SAFE PASSAGE MARITIME, LLC | | | |  | |
| Principal Place of Business 2126 CHARLOTTE AMALIE COURT PUNTA GORDA, FL 33950 | | | Mailing Address 2126 CHARLOTTE AMALIE COURT PUNTA GORDA, FL 33950 | | |
| 2. Principal Place of Business - No P.O. Box # 3830 Bel Harbor | | 3. Mailing Address 3830 Bel Harbor | | | |
| Suite, Apt. #, etc. Unit 9 | | Suite, Apt. #, etc. Unit 9 | | | |
| City & State Punta Gorda FL | | City & State Punta Gorda FL | | 4. FEI Number 22-3966620 | |
| Zip 33900 | | Country USA | | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | | |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small> | | | | | |
| FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 | | Make check payable to Florida Department of State | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGR BUSH, RALPH H 2126 CHARLOTTE AMALIE COURT PUNTA GORDA, FL 33950 <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:  | | | Date 4/15/08 Daytime Phone # 941-276-8047 | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | | | | |