

# **2009 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000119012

**FILED**  
**Jan 13, 2009**  
**Secretary of State**

**Entity Name:** UNITED MARITIME GROUP, LLC

**Current Principal Place of Business:**

601 S HARBOUR ISLAND BLVD, STE 230  
TAMPA, FL 33602

**New Principal Place of Business:**

**Current Mailing Address:**

601 S HARBOUR ISLAND BLVD, STE 230  
TAMPA, FL 33602

**New Mailing Address:**

**FEI Number:** 59-2147756

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LITRICO, SAL  
702 NORTH FRANKLIN STREET  
TAMPA, FL 33602 US

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

LITRICO, SAL  
601 S. HARBOUR ISLAND BLVD. STE 230  
TAMPA, FL 33602 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: SAL LITRICO

01/13/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: GS MARITIME INTERMED, IATE HOLDING L L C  
Address: 702 NORTH FRANKLIN STREET  
City-St-Zip: TAMPA, FL 33602

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: GS MARITIME INTERMED, IATE HOLDING L L C  
Address: 601 S. HARBOUR ISLAND BLVD. STE 230  
City-St-Zip: TAMPA, FL 33602

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: SAL LITRICO

AGEN

01/13/2009

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