2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000044983

Entity Name: SOUTHERNMOST SHIPWRIGHT, LLC.

Current Principal Place of Business:	**New Principal Place of Business:**
621 A EATON STREET KEY WEST, FL 33040 US	15 CORMORANT LANE KEY WEST, FL 33040 US

Current Mailing Address:	**New Mailing Address:**
621 A EATON STREET KEY WEST, FL 33040 US	15 CORMORANT LANE KEY WEST, FL 33040 US

FEI Number: 26-2546001   FEI Number Applied For ( )   FEI Number Not Applicable ( )   Certificate of Status Desired ( )

Name and Address of Current Registered Agent:	**Name and Address of New Registered Agent:**
ORTNER, MARK R 621 A EATON STREET KEY WEST, FL 33040 US	ORTNER, MARK R 15 CORMORANT LANE KEY WEST, FL 33040 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: MARK R ORTNER   04/23/2009
            Electronic Signature of Registered Agent   Date

MANAGING MEMBERS/MANAGERS: **ADDITIONS/CHANGES:**

Title:	MGRM ( ) Delete	Title:	MGRM (X) Change ( ) Addition
Name:	ORTNER, MARK R	Name:	ORTNER, MARK R
Address:	621 A EATON STREET	Address:	15 CORMORANT LANE
City-St-Zip:	KEY WEST, FL 33040 US	City-St-Zip:	KEY WEST, FL 33040 US
Title:	MGRM ( ) Delete	Title:	MGRM (X) Change ( ) Addition
Name:	ORTNER, KATHLEEN M	Name:	ORTNER, KATHLEEN M
Address:	621 A EATON STREET	Address:	15 CORMORANT LANE
City-St-Zip:	KEY WEST, FL 33040 US	City-St-Zip:	KEY WEST, FL 33040 US

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: MARK R ORTNER   MGRM   04/23/2009
            Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date