

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000081174

FILED  
Jan 04, 2011  
Secretary of State

**Entity Name:** BLACK DIAMOND MARITIME, LLC

**Current Principal Place of Business:**

4210 WEST TAMPA BAY BLVD  
TAMPA, FL 33614

**New Principal Place of Business:**

**Current Mailing Address:**

4210 WEST TAMPA BAY BLVD  
TAMPA, FL 33614

**New Mailing Address:**

**FEI Number:** 42-1596561

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BUCHANAN, KIM P  
4210 WEST TAMPA BAY BLVD  
TAMPA, FL 33614 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: BLACK DIAMOND MANAGEMENT SERVICES, INC.  
Address: 4210 W TAMPA BAY BLVD  
City-St-Zip: TAMPA, FL 33614

Title: CCEO  
Name: ROBERT, ROTHMAN CEO  
Address: 4210 WEST TAMPA BAY BLVD  
City-St-Zip: TAMPA, FL 33614

Title: PT  
Name: BUCHANAN, KIM P PRES  
Address: 4210 W TAMPA BAY BLVD  
City-St-Zip: TAMPA, FL 33614

Title: SVP  
Name: CHARLES, BEALE SR VP  
Address: 4210 WEST TAMPA BAY BLVD  
City-St-Zip: TAMPA, FL 33614

Title: CFO  
Name: RYAN, CHERYL A CFO  
Address: 4210 W TAMPA BAY BLVD  
City-St-Zip: TAMPA, FL 33614

Title: VP  
Name: BIXLER, KEVIN VP  
Address: 4210 WEST TAMPA BAY BLVD  
City-St-Zip: TAMPA, FL 33614

I hereby 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: CHERYL A. RYAN

CFO

01/04/2011

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