

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L95000000365

FILED
Jan 16, 2004
Secretary of State

Entity Name: SEAFARI MARINE GROUP, L.C.

Current Principal Place of Business:

3920 RCA BLVD.
PALM BEACH GARDENS, FL 33410

New Principal Place of Business:

3920 RCA BLVD.
SUITE 2004
PALM BEACH GARDENS, FL 33410

Current Mailing Address:

3920 RCA BLVD.
SUITE 2004
PALM BEACH GARDENS, FL 33410

New Mailing Address:

FEI Number: 65-0578734 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAASS, ROBB R
321 ROYAL POINCIANA PLAZA
PALM BEACH, FL 33480 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/MEMBERS:

Title: MGRM () Delete
Name: THE PINNACLE TRUST,
Address: P.O. BOX 513 N/A
City-St-Zip: CAYMAN ISLAND,BRITISH INDIES, OC

Title: MGRM () Delete
Name: RESTINO, ROBERT F
Address: 3920 RCA BLVD.
City-St-Zip: PALM BEACH GARDENS, FL 33410

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: THE PINNACLE TRUST,
Address: CHARLOTTE HOUSE, CHARLOTTE ST BOX N65
City-St-Zip: NASSAU, BA BAHAMAS CB

Title: MGR (X) Change () Addition
Name: RESTINO, ROBERT R
Address: 3920 RCA BLVD. SUITE 2004
City-St-Zip: PALM BEACH GARDENS, FL 33410

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ROBERT R. RESTINO MGR 01/16/2004

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