

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 21, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L98000000616</b> 1. Entity Name WILCOR MARITIME, ISLAND SAIL, FREIGHT & CHARTER, L.C.	
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Principal Place of Business 14051 ATLANTIC BLVD. JACKSONVILLE, FL 32225	Mailing Address 14051 ATLANTIC BLVD. JACKSONVILLE, FL 32225
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**DO NOT WRITE IN THIS SPACE**

B 5 4 , , , , , 2 - 2 9 &

01162005No Chg-LLC      CR2E083 (10/03)

4. FEI Number 59-3546616	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

BROWN, R. EUGENE  
1200 ARDEN WAY  
JACKSONVILLE BEACH, FL 32250-3740

**DO NOT WRITE  
IN THIS SPACE**

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: *R Eugene Brown*      DATE: 1-16-05  
Signature, typed or printed name of registered agent and title if applicable.      (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00  
Due by May 1, 2005

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CORRY, WILLIAM R 14051 ATLANTIC BLVD. JACKSONVILLE, FL 32225
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

110000189173  
01/24/05-80086-004 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *William R. Corry*      DATE: 1-16-05      DAYTIME PHONE: (904) 610-4505  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #