

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90060 037 ***138.75

DOCUMENT # L98000001265

1. Entity Name
MARITIME CONCEPTS, L.C.



Principal Place of Business
**20 COMMERCE DRIVE
SUITE 200
CRANFORD, NJ 07016**

Mailing Address
**222 PLANTATION CLUB DRIVE
LAHAINA, HI 96761**

60030914



2. Principal Place of Business - No P.O. Box #
20 COMMERCE DRIVE
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

04222008 Chg-LLC CR2E083 (12/06)

City & State
CRANFORD, NJ
Zip
07016

City & State
Zip
Country

4. FEI Number
22-3597131
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
GREENFIELD, JOEL
222 PLANTATION CLUB DRIVE
LAHAINA, HI 96761** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
VANNOTE, EUGENE
20 COMMERCE DRIVE, SUITE 200
CRANFORD, NJ 07751** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
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TITLE
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CITY - ST - ZIP
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10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR M ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR M ☒ Change ☐ Addition

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Joel Greenfield Managing Mbr. 4/22/08 732-259-7693