2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 26, 2004 08:00 AM
Secretary of State

DOCUMENT # L98000002337

1. Entity Name
CANAVERAL MARINE TERMINALS, L.C.

Principal Place of Business	Mailing Address
9025 N. ATLANTIC AVENUE CAPE CANAVERAL, FL 32920	PO BOX 572 CAPE CANAVERAL, FL 32920

01052004 No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3539903
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LEE, RHONDA A
9025 N. ATLANTIC AVENUE
CAPE CANAVERAL, FL 32920

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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 _____ DATE
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, 2004

000000057569
02/27/04-80004-011 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MEM
NAME	MID-FLORIDA FREEZER WAREHOUSE, LTD.
STREET ADDRESS	9025 N. ATLANTIC AVENUE
CITY-ST-ZIP	CAPE CANAVERAL, FL 32920
TITLE	MEM
NAME	ATLANTICCONTAINER SERVICE, INC.
STREET ADDRESS	124 PROSPERITY DRIVE
CITY-ST-ZIP	GARDEN CITY, GA 314089550
TITLE	MEM
NAME	STEVENS SHIPPING & TERMINAL CO.
STREET ADDRESS	26 EAST BAY STREET
CITY-ST-ZIP	SAVANNAH, GA 31498
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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)(i), 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: Rhonda Lee Rhonda Lee 2/24/04 321-783-9623
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #