

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 21, 2005 08:00 AM
Secretary of State

DOCUMENT # L98000002337

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



Principal Place of Business
**9025 N. ATLANTIC AVENUE
CAPE CANAVERAL, FL 32920**

Mailing Address
**PO BOX 572
CAPE CANAVERAL, FL 32920**



01042005 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**

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

U000000238174
02/21/05-80087-011 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**MEM
MID-FLORIDA FREEZER WAREHOUSE, LTD.
9025 N. ATLANTIC AVENUE
CAPE CANAVERAL, FL 32920**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**MEM
ATLANTICCONTAINER SERVICE, INC.
124 PROSPERITY DRIVE
GARDEN CITY, GA 314089550**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**MEM
STEVENS SHIPPING & TERMINAL CO.
28 EAST BAY STREET
SAVANNAH, GA 31498**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

**DO NOT WRITE
IN THIS SPACE**

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

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

Date

Daytime Phone #

Rhonda A. Lee **Rhonda A. Lee** 2/18/05 321-783-9623