


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 04, 2006 8:00 am**  
**Secretary of State**

05-04-2006 90023 044 \*\*\*\*50.00

<b>DOCUMENT # L98000002337</b>					
<b>1. Entity Name</b> CANAVERAL MARINE TERMINALS, L.C.					
<b>Principal Place of Business</b> 9025 N. ATLANTIC AVENUE CAPE CANAVERAL, FL 32920			<b>Mailing Address</b> PO BOX 572 CAPE CANAVERAL, FL 32920		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 59-3539903	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  LEE, RHONDA A 9025 N. ATLANTIC AVENUE CAPE CANAVERAL, FL 32920			<b>7. Name and Address of New Registered Agent</b> Name <u>LEE, PATRICK T</u> Street Address (P.O. Box Number is Not Acceptable) <u>9025 N ATLANTIC AVE</u> City <u>CAPE CANAVERAL</u> <u>FL</u> Zip Code		
<b>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.</b> SIGNATURE <u>Patrick T. Lee</u> (NOTE: Registered Agent signature required when reinstating) DATE					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS / MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MEM MID-FLORIDA FREEZER WAREHOUSE, LTD. 9025 N. ATLANTIC AVENUE CAPE CANAVERAL, FL 32920	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MEM ATLANTICCONTAINER SERVICE, INC. 124 PROSPERITY DRIVE GARDEN CITY, GA 314089550	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MEM STEVENS SHIPPING & TERMINAL CO. 26 EAST BAY STREET SAVANNAH, GA 31498	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
<b>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.</b>					
<b>SIGNATURE:</b> <u>Patrick T. Lee</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
Date				Daytime Phone #	