2005 LIMITED LIABILITY COMPANY

**SIGNATURE** 

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

## FILED Feb 03, 2005 08;00 AM **ANNUAL REPORT** Secretary of State DOCUMENT # L99000005778 1. Entity Name BYFIELD MARINE SUPPLY, L.L.C. Principal Place of Business Mailing Address 175 E. OLIVE RD. 175 E. OLIVE RD. PENSACOLA, FL 32514 PENSACOLA, FL 32514 01182005 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3599711 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HUSTON, GARY W DO NOT WRITE 125 W. ROMANA STREET, SUITE 800 PENSACOLA, FL 32501 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 Florics. I am familiar with, and accept the obligations. SIGNATURE Signature, typed or printed name of registered ago (NOTE Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2005 MANAGING MEMBERS/MANAGERS 9. 000000214035 02/03/05-80095-012 50.00 TITLE BYFIELD, FREDERIC W NAME STREET ADDRESS 175 E. OLIVE RD. CITY - ST - ZIP PENSACQUA, FL 32514 MEM TITLE BYFIELD, SUZANNE NAME STREET ADDRESS 175 E. OLIVE RD. PENSACOLA, FL 32514 CITY-ST-2IP TITLE NAME STREET ADDRESS DO NOT WRITE CITY - ST - ZIP mu IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP 11. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1). Florida Statutes. I furzier 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.