

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M02000001213

**FILED**  
**Mar 18, 2005**  
**Secretary of State**

**Entity Name:** BIRCHWOOD MARINE AMERICA, LLC

**Current Principal Place of Business:**

C/O 701 BRICKELL AVE., STE. 3000  
MIAMI, FL 33131

**New Principal Place of Business:**

**Current Mailing Address:**

C/O 701 BRICKELL AVE., STE. 3000  
MIAMI, FL 33131

**New Mailing Address:**

FEI Number: 22-3622178

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

INTRASTATE REGISTERED AGENT CORPORATION  
701 BRICKELL AVE., STE. 3000  
MIAMI, FL 33131 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: WAGSTAFF, PAUL F  
Address: 50 SPRING MEADOW, HOLLY SPRING LANE, BRACK  
City-St-Zip: BERKSHIRE RG12 2JP UK,

Title: MGRM ( ) Delete  
Name: VICK, ERNEST C  
Address: 14 PATRICK GARDENS, WARFIELD, BRACKNELL,  
City-St-Zip: BERKSHIRE RG42 3EZ UK,

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: PAUL F. WAGSTAFF

MGRM

03/18/2005

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date