

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000003135

FILED
Mar 03, 2005
Secretary of State

Entity Name: MARINE INTERIOR SYSTEMS, L.L.C.

Current Principal Place of Business:

1101 EDWARDS AVENUE
JEFFERSON, LA 70123

New Principal Place of Business:

Current Mailing Address:

1101 EDWARDS AVENUE
JEFFERSON, LA 70123

New Mailing Address:

FEI Number: 72-1518603

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: MGR () Delete
Name: BRANTON, DAVID T
Address: P.O. BOX 10490
City-St-Zip: JEFFERSON, LA 70181

Title: MGR () Delete
Name: HUBERT, STEVEN E
Address: 201 HOLIDAY BLVD., SUITE 100
City-St-Zip: COVINGTON, LA 70433

Title: MGR () Delete
Name: BIVEN, JACK A
Address: P.O. BOX 10490
City-St-Zip: JEFFERSON, LA 70181

ADDITIONS/CHANGES:

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

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

Title: MGR (X) Change () Addition
Name: BIVEN, JACK H
Address: P.O. BOX 10490
City-St-Zip: JEFFERSON, LA 70181

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: JACK H. BIVEN

MGR

03/03/2005

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