



**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 04, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # M03000003179</b> 1. Entity Name <b>BTM MARINE LLC</b>	
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Principal Place of Business <b>6665 SKYLINE DRIVE DELRAY BEACH, FL 33446</b>	Mailing Address <b>6665 SKYLINE DRIVE DELRAY BEACH, FL 33446</b>
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**DO NOT WRITE IN THIS SPACE**

  
02032004No Chg-LLC CR2E083 (10/03)  
4. FEI Number **13-4263391** Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ **\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent  
**PERRY, MARK A  
50 SE 4 AVENUE  
DELRAY BEACH, FL 33483**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when relocating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00  
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM MAZZONI, WILLIAM A 6665 SKYLINE DRIVE DELRAY BEACH, FL 33446</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM MAZZONI, PATRICIA A 6665 SKYLINE DRIVE DELRAY BEACH, FL 33446</b>
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U00000035477  
02/06/04-80020-014 50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** *Patricia A. Mazzoni* **PATRICIA A. MAZZONI** 2/3/2004 561-6638-0681  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE