FILED
Feb 04, 2008 08:00 AM
Secretary of State

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M03000003179

1. Entity Name
BTM MARINE LLC

Principal Place of Business	Mailing Address
6665 SKYLINE DRIVE DELRAY BEACH, FL 33446	6665 SKYLINE DRIVE DELRAY BEACH, FL 33446

DO NOT WRITE IN THIS SPACE

01042008No Chg-LLC CR2E083 (12/07)

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

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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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will bo $538.75

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	MAZZONI, WILLIAM A
STREET ADDRESS	6665 SKYLINE DRIVE
CITY-ST-ZIP	DELRAY BEACH, FL 33446
TITLE	MGRM
NAME	MAZZONI, PATRICIA A
STREET ADDRESS	6665 SKYLINE DRIVE
CITY-ST-ZIP	DELRAY BEACH, FL 33446
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
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CITY-ST-ZIP	

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02/14/08-80034-021 138.75

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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.

SIGNATURE: William R. Mazzoni 2/1/08 561-638-0681
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #