

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M03000003179

**FILED**  
**Feb 11, 2011**  
**Secretary of State**

**Entity Name:** BTM MARINE LLC

**Current Principal Place of Business:**

6665 SKYLINE DRIVE  
DELRAY BEACH, FL 33446

**New Principal Place of Business:**

6665 SKYLINE DRIVE  
DELRAY BEACH, FL 33446 US

**Current Mailing Address:**

6665 SKYLINE DRIVE  
DELRAY BEACH, FL 33446

**New Mailing Address:**

6665 SKYLINE DRIVE  
DELRAY BEACH, FL 33446 US

**FEI Number:** 13-4263391

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PERRY, MARK A  
50 SE 4 AVENUE  
DELRAY BEACH, FL 33483 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/MANAGERS:**

**Title:** MGRM  
**Name:** MAZZONI, WILLIAM A  
**Address:** 6665 SKYLINE DRIVE  
**City-St-Zip:** DELRAY BEACH, FL 33446

**Title:** MGRM  
**Name:** MAZZONI, PATRICIA A  
**Address:** 6665 SKYLINE DRIVE  
**City-St-Zip:** DELRAY BEACH, FL 33446

I hereby 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:** PATRICIA A MAZZONI

MGRM

02/11/2011

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