

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90424 030 ****55.00



DOCUMENT # M03000004029

1. Entity Name

ADVANTAGE MARINE, LLC

Principal Place of Business

2784 COASTAL HIGHWAY
 CRAWFORDVILLE FL 32327

Mailing Address

2784 COASTAL HIGHWAY
 CRAWFORDVILLE FL 32327



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E083 (10/05)

City & State

City & State

4. FEI Number

43-2035291

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BICKERSTAFF, H. JEFF
 2459 SURF ROAD
 PANACEA FL 32346

Name

CHARLES DANIEL BICKERSTAFF

Street Address (P.O. Box Number is Not Acceptable)

2784 COASTAL HIGHWAY

City

CRAWFORDVILLE

FL

Zip Code
 32327

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

[Handwritten Signature] *2/13/06*

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE MGRM Delete
 NAME BICKERSTAFF, H. JEFF
 STREET ADDRESS 2784 COASTAL HIGHWAY
 CITY-ST-ZIP PANACEA FL 32346

TITLE MGRM Change Addition
 NAME CHARLES DANIEL BICKERSTAFF
 STREET ADDRESS 2784 COASTAL HIGHWAY
 CITY-ST-ZIP CRAWFORDVILLE, FL 32327

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
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 STREET ADDRESS
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TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

[Handwritten Signature] *2/13/06*