

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000000226

FILED
Jan 19, 2009
Secretary of State

Entity Name: GULF TERMINAL INTERNATIONAL, LLC

Current Principal Place of Business:

9901 BLOUNT ISLAND BLVD.
JACKSONVILLE, FL 32226

New Principal Place of Business:

Current Mailing Address:

16000 CHRISTENSEN RD., SUITE 301
SEATTLE, WA 98188

New Mailing Address:

16040 CHRISTENSEN RD., SUITE 306
SEATTLE, WA 98188

FEI Number: 74-1696737

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/MANAGERS:

Title: MGR () Delete
Name: BENNETT, PETER D
Address: 16000 CHRISTENSEN ROAD, SUITE 301
City-St-Zip: SEATTLE, WA 98188

Title: MGR () Delete
Name: HURLEY, GARY J
Address: 300 LIGHTING WAY, 5TH FLOOR
City-St-Zip: SECAUCUS, NJ 07094

Title: MGR () Delete
Name: MASON, BRIAN
Address: 19901 S. WESTERN AVE.
City-St-Zip: TORRANCE, CA 90501

ADDITIONS/CHANGES:

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: PETER D. BENNETT

MGR

01/19/2009

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