

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000000397

FILED  
Feb 26, 2009  
Secretary of State

Entity Name: AUGUSTA TUG LLC

**Current Principal Place of Business:**

119 WASHINGTON STREET  
SAINT AUGUSTINE, FL 32084

**New Principal Place of Business:**

**Current Mailing Address:**

119 WASHINGTON STREET  
SAINT AUGUSTINE, FL 32084

**New Mailing Address:**

FEI Number: 20-4048522

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SMITH, DOMINIQUE  
119 WASHINGTON STREET  
SAINT AUGUSTINE, FL 32084 US

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

SMITH, ELISABETH  
119 WASHINGTON STREET  
SAINT AUGUSTINE, FL 32084 US

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: ELISABETH SMITH

02/26/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: P ( ) Delete  
Name: SMITH, DOMINIQUE  
Address: 119 WASHINGTON ST.  
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: MGRD ( ) Delete  
Name: SMITH, RACHEL  
Address: 487 CARPENTER LN  
City-St-Zip: SAUNDERSTOWN, RI 02874

Title: S ( ) Delete  
Name: SMITH, ELISABETH  
Address: 119 WASHINGTON ST.  
City-St-Zip: SAINT AUGUSTINE, FL 32084

**ADDITIONS/CHANGES:**

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

Title: MGRD (X) Change ( ) Addition  
Name: SMITH, RACHEL  
Address: 822 MANDEVILLE ST  
City-St-Zip: NEW ORLEANS, LA 70117

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: ELISABETH SMITH

S

02/26/2009

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