2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 11, 2008 08:00 AM
Secretary of State

DOCUMENT # M06000005494

1. Entity Name
VESSEL AGENCY OPERATING LLC

Principal Place of Business	Mailing Address
210 S. CARANCAHUA, SUITE 600 CORPUS CHRISTI, TX 78401	210 S. CARANCAHUA, SUITE 600 CORPUS CHRISTI, TX 78401

01242008 No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-4318451
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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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 be $538.75

000000831944
02/19/08-00043-012 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	WEEKS, JASON E
STREET ADDRESS	210 S. CARANCAHUA, SUITE 600
CITY-ST-ZIP	CORPUS CHRISTI, TX 78401
TITLE	MGRM
NAME	VALLS, RICHARD R JR.
STREET ADDRESS	210 S. CARANCAHUA, SUITE 600
CITY-ST-ZIP	CORPUS CHRISTI, TX 78401
TITLE	MGRM
NAME	VALLS, LAURENCE A.W.
STREET ADDRESS	210 S. CARANCAHUA, SUITE 600
CITY-ST-ZIP	CORPUS CHRISTI, TX 78401
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Richard R Valls 1/24/08 361-884-4096
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #