#### 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

### DOCUMENT # M98000000209

1. Entity Name
AMERICAN SHIP MANAGEMENT, LLC



Principal Place of Business

SIGNATURE:

SIGNATURE AND TYPED OF

Mailing Address

2175 NORTH CALIFORNIA BLVD., SUITE 1000 WALNUT CREEK, CA 94596 2175 NORTH CALIFORNIA BLVD., SUITE 1000 WALNUT CREEK, CA 94596

## FILED Apr 23, 2005 08:00 AM Secretary of State



01142005No Chg-LLC

CR2E083 (10/03)

4/20/05

Daytime Phone \* (925) 296~2000

4.	FEI Number			Applied For
	91-1862237	•		Not Applicabl
5.	Certificate of Status Desired		\$5.00	Additional

## DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525

# DO NOT WRITE IN THIS SPACE

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		
Fi	iling Fee is \$50.00 ue by May 1, 2005				
9.	MANAGING MEMBERS/MANAGERS		The state of the s		
IITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PATRIOT HOLDINGS, LLC 2175 NORTH CALIFORNIA BLVD., SUITE 1000 WALNUT CREEK, CA 94596				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PATRIOT CONTRACT SERVICES, LLC 2175 NORTH CALIFORNIA BLVD., SUITE 1000 WALNUT CREEK, CA 94596		04/23/05-80050-005 50.00°		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE		
TITLE NAME STREET ADDRESS CITY+ST-ZIP		IN	THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			. <u>.</u>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		,	1:		
11. I hereby of indicated limited lie	certify that the information supplied with this filing does not que on this report is true and accurate and that my signature shat bility company or the receiver or trustee empowered to execu	alify for the exemption stated in Section 119.07(3) I have the same legal effect as if made under oat the this report as required by Chapter 608, Florida	(i), Florida Statutes. I further certify that the information, that I am a managing member or manager of the Statutes,		

NTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Judy L. Collins, Exec. V.P. & C.F.O.

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