2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M98000001116

1. Entity Name
SEA STAR LINE, LLC

FILED
00 JAN 25 PM 2:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
9485 REGENCY SQ BLVD SUITE 400 JACKSONVILLE FL 32225	9485 REGENCY SQ BLVD SUITE 400 JACKSONVILLE FL 32216-9215

2. Principal Place of Business	3. Mailing Address
100 BELL TEL WAY	100 BELL TEL WAY
Suite, Apt. #, etc.: SUITE 300	Suite, Apt. #, etc.: SUITE 300
City & State: JACKSONVILLE, FL	City & State: JACKSONVILLE, FL
Zip: 32216 Country: USA	Zip: 32216 Country: USA

4. FEI Number 91-1929743 ☐ Applied For ☐ Not Applicable

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
ROBINSON, WESLEY M ESQ 501 BRICKELL KEY DRIVE COURVOISIER CENTRE I SUITE 504 MIAMI FL 33131	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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.

SIGNATURE Robert P. Magee ; Robert P. magee, President/CEO 1/14/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS		10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM SPLICHUK RESOURCES CORP. 1111 FAIRVIEW AVENUE NORTH SEATTLE WA 98109 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ ---- SALTCHUK RESOURCES CORP
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM MATSON NAVIGATION, INC. 333 MARKET STREET SAN FRANCISCO CA 94120 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ ---- MATSON NAVIGATION CO
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM TAINO STAR INVESTMENT, INC. FERNANDEZ JUNCOS AVENUE, PIER 11 SAN JUAN, PUERTO RICO PR 00902-2746 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ ----
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	900003112499--0 -01/27/00--01022--026 *****55.00 *****55.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ ----
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ ----

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Robert P. Magee NOT REQUIRED 1/14/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #