							ULDAT 14 PM	1:53	
Principal Place 3470 BAYSHO NAPLES FL 3	ORE DR.	Mailing Address 3470 BAYSHORE DR. NAPLES FL 34112					'SECRETARY OF TALLAHASSEE, I	STATE FLORIDA	
. Outralia I D	lana at Divisiona	12	Mailing Addrson						
2. Principal Place of Business		3. Mailing Address							•
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DÖ NOT WRITE IN THIS SPACE			
City & State		City & State				4. FEI Number Applied For Not Applicable			
Zip	Country		Zip .	Country	·· . ·		ficate of Status Desired	→ \$5.00 Add Fee Require	
	6. Name and Address	of Current Regis	tered Agent	·	ame	7. Nam	e and Address of New Registe	red Agent	
VOLPE, MICHAEL J ESQ.							·	<u> </u>	
-	OFFICES OF MICHAEL	I VOLPE ID		St	treet Address (I	P.O. Box N	lumber is Not Acceptable)		
	F SHORES BLVD. N., S	1							-
NAPLES I	_			Ci	ity		<u></u>	FL Zip Cod	е
SIGNATURE	Signature, typed or printed name of re	ori .	if applicable. (NOTE:	Registered Age	nt signature required				
			Make Check Pay		• • • •	f State	*****50.0		
9.	MANAGI	NG MEMBERS/I	MEMBERS	10.			ADDITIONS/CHAN	IGES	
TITLE NAME STREET ADDRESS CITY,ST-ZIP			☐ Delete	TITLE NAME STREET AD CITY-ST-Z	DRESS Keni	neth <i>I</i> 3 Nort	Member A Main, II Th Rd TL 34104	Change	<b>☆</b> Addition
T!TLE• Name Street address City-St-Zip			☐ Delete ·	TITLE NAME STREET AD CITY-ST-2	Mana Step ORESS 15 1	aging phen ( Newbur	Member C Main Ty Place TL 34102	☐ Change	Addition
TITLE Name Street address City-St-Zip		. ,	, Delete	TITLE NAME STREET AD CITY-ST-Z	DRESS   395	cy C N 21st	Main Ave, S L 34102	☐ Change	<b>∑</b> Addition
TITLE NAME Street address City-St-Zip			□ Delete	TITLE NAME STREET AD CITY-ST-Z	DRESS 730	ra Mai Clare	n Prioli endon Ct L 34109	☐ Change	<b>⅓</b> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		-	☐ Delete	TITLE NAME STREET AD CITY-ST-Z	DRESS 8940	id C M O San	Main Gabriel To, CA 93422	☐ Change	<b>□</b> Addition
TITLE			. Delete	TITLE NAME STREET AD CITY-ST-Z	DRESS 395	Kenne 21st	eth A Main Estate Ave, S L 34102	☐ Change	Addition

2001 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT#** 

GULF SHORES MARINA, L.L.C.

1. Entity Name

L0000002194

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:

5/9/01

941-774-0222