

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90192 049 ****50.00

DOCUMENT # L02000034336

1. Entity Name

GRASSY KEY MARINA OF MARATHON, LLC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

59073 OVERSEAS HIGHWAY

3. Mailing Address

3250 MARY STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

501

DO NOT WRITE IN THIS SPACE

City & State
MARATHON, FL

City & State
COCONUT GROVE, FL

4. FEI Number **92-0185735**

Applied For
Not Applicable

Zip
33050

Country
MONROE

Zip
33133

Country
MIAMI-DADE

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **MELAND, RUSSIN, HELLINGER & BUDWICK, P.A.**

Street Address (P.O. Box Number is Not Acceptable)

200 SOUTH BISCAYNE BOULEVARD, SUITE 3000

City **MIAMI**

FL

Zip Code
33131

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.

DATE

FEE IS \$50.00

**Make Check Payable to Florida Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS / MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DANA BERMAN, MANAGING MEMBER
3250 MARY STREET, SUITE 501
COCONUT GROVE, FL 33133**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DAREN SCHWARTZ, MANAGING MEMBER
3250 MARY STREET, SUITE 501
COCONUT GROVE, FL 33133**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DON DAVIS, MANAGING MEMBER
59073 OVERSEAS HIGHWAY
MARATHON, FL 33050**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

04-24-03

Date

Daytime Phone #

CR2E063B (12/02)