2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000055127

1. Entity Name
MVC MARINA PROPERTIES, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 AUG 26 PM 1:24

09/07/04

Principal Place of Business	Mailing Address
252 BERMUDA BEACH DRIVE FT. PIERCE, FL 34949	252 BERMUDA BEACH DRIVE FT. PIERCE, FL 34949

07092004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 20-0538392 ☐ 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
CONCANNON, MURIEL V 252 BERMUDA BEACH DRIVE FT. PIERCE, FL 34949	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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by September 8, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR CONCANNON, MURIEL V 252 BERMUDA BEACH DRIVE FT. PIERCE, FL 34949 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

Muriel to sign

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 is 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 company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

E: Muriel V Concannon 8-23-04 464-5720
IATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #