


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90363 024 \*\*\*\*55.00

<b>DOCUMENT # L04000011854</b>	
1. Entity Name NAUTICAL QUEST, L.L.C.	

Principal Place of Business 3950 SOUTH FRANCIS ROAD ST. AUGUSTINE, FL 32092 US	Mailing Address 3950 SOUTH FRANCIS ROAD ST. AUGUSTINE, FL 32092 US
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2. Principal Place of Business <b>317 Porpoise Drive</b> Suite, Apt. #, etc.	3. Mailing Address <b>317 Porpoise Drive</b> Suite, Apt. #, etc.
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City & State <b>St. Augustine, FL</b>	City & State <b>St. Augustine, FL</b>
Zip <b>32084</b>	Country <b>St. Johns</b>

04292005 Chg-LLC CR2E083 (10/03)

4. FEI Number <b>200904567</b>	Applied For Not Applicable
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5. Certificate of Status Desired **XX** \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  FORD, JETER, BOWLUS, DUSS, MORGAN, KENNEY 10110 SAN JOSE BOULEVARD JACKSONVILLE, FL 32257
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7. Name and Address of New Registered Agent Name <b>Smith, Hulsey &amp; Busey</b> Street Address (P.O. Box Number is Not Acceptable) <b>225 Water Street</b> <b>Suite 1800</b> City <b>Jacksonville</b> FL Zip Code <b>32202</b>
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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 <u><i>S. Hulsey</i></u> (NOTE: Registered Agent signature required when reinstating) DATE <u>4/29/05</u>
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Filing Fee is \$50.00 Due by May 1, 2005	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM REESE, RICHARD S 3950 SOUTH FRANCIS ROAD ST. AUGUSTINE, FL 32092 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <u><i>Richard S. Reese</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date <u>4-29-05</u> Daytime Phone # <u>904-509-5451</u>