


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

5.

FILED
Jun 06, 2005 8:00 am
Secretary of State

05-23-2005 90377 019 ****50.00

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DOCUMENT # L04000051553			
1. Entity Name MADEIRA BAY MARINA, LLC			
Principal Place of Business 1114-17TH AVENUE SOUTH #205 NASHVILLE, TN 37212 US		Mailing Address 1114-17TH AVENUE SOUTH #205 NASHVILLE, TN 37212 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
HOFSTRA, PETER T ESQ 8640 SEMINOLE BOULEVARD SEMINOLE, FL 33772		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$50.00 Due by September 7, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LEWIS, SAM 1114-17TH AVENUE SOUTH, #205 NASHVILLE, TN 37212 <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: <i>Luther Ramsey</i>		Date: 5.18.05 Daytime Phone #: 615 327-4440	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Daytime Phone #</small>	



05172005 Chg-LLC CR2E083 (10/03)

4. FEI Number **71-0969614** Applied For Not Applicable

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