


**2005 FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 01, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P99000027985**  
 1. Entity Name  
 SOUTH BEACH MARINA, INC.



Principal Place of Business: 1801 HERMITAGE BLVD, SUITE 100, TALLAHASSEE, FL 32308  
 Mailing Address: 1801 HERMITAGE BLVD, SUITE 100, TALLAHASSEE, FL 32308

**DO NOT WRITE IN THIS SPACE**



01072005 No Chg-P CR2E034 (10/03)

4. FEI Number: 59-3566500 Applied For: Not Applicable  
 5. Certificate of Status Desired:  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 TODD, DAVID E  
 1801 HERMITAGE BLVD  
 SUITE 100  
 TALLAHASSEE, FL 32308

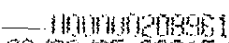
**DO NOT WRITE IN THIS SPACE**

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE: D NAME: BENNETT, DOUGLAS W STREET ADDRESS: 1801 HERMITAGE BLVD STE 600 CITY-ST-ZIP: TALLAHASSEE, FL 32308	 02/02/05-80015-007 150.00  <b>DO NOT WRITE IN THIS SPACE</b>
TITLE: DVAT NAME: GRAY, LYNNE M STREET ADDRESS: 1801 HERMITAGE BLVD STE 600 CITY-ST-ZIP: TALLAHASSEE, FL 32308	
TITLE: DVAS NAME: SMITH, JEFFREY L STREET ADDRESS: 1801 HERMITAGE BLVD STE 600 CITY-ST-ZIP: TALLAHASSEE, FL 32308	
TITLE: P NAME: SMITH, G. ANDREWS STREET ADDRESS: 8750 N. CENTRAL EXPWY 3800 CITY-ST-ZIP: DALLAS, TX 75231	
TITLE: VPS NAME: FARALDO, MARK STREET ADDRESS: 8750 N. CENTRAL EXPWY #800 CITY-ST-ZIP: DALLAS, TX 75231	
TITLE: VP NAME: FULTON, WILLIAM STREET ADDRESS: 8750 N. CENTRAL EXPWY #800 CITY-ST-ZIP: DALLAS, TX 75231	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Mark P. Faraldo Mark P. Faraldo 1/25/05 2149810800  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #