

2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005.

DOCUMENT # A04000000967

1. Entity Name
MARINA HOLDINGS I, LIMITED PARTNERSHIP



Principal Place of Business
15044 REGINALD LANE
HUDSON, FL 34667

Mailing Address
15044 REGINALD LANE
HUDSON, FL 34667

FILED
05 APR 27 PM 6:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01072005

Chg-LP

CR2E003 (10/03)

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCCANNA, RICHARD E III
15044 REGINALD LANE
HUDSON, FL 34667

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 *Richard E McCarver*
Signature, typed or printed name of registered agent and title if applicable.

03/01/05
DATE

9. Capital Contributions
as Shown on record. **\$10,000.00**

10. Amount of Capital Contributions
in FLORIDA to date.

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # P00000074883
NAME SUNCOAST DEWATERING, INC.
STREET ADDRESS 15044 REGINALD LANE
CITY-ST-ZIP HUDSON, FL 34667

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *Richard E McCarver*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

03/01/05
Date

727 863 9147
Daytime Phone #

STAPLE CHECK HERE