## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L00000002194

Entity Name: GULF SHORES MARINA, L.L.C.

FILED Jan 09, 2004 Secretary of State

| Current Principal Place of Business: | <b>New Principal Place of Business:</b> |
|--------------------------------------|---|
|--------------------------------------|---|

3470 BAYSHORE DR. NAPLES, FL 34112

**Current Mailing Address: New Mailing Address:** 

3470 BAYSHORE DR. NAPLES, FL 34112

Title:

Name:

Address:

City-St-Zip:

FEI Number: 59-3632962 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

VOLPE, MICHAEL J ESQ. VOLPE, MICHAEL J ESQ. 711 FIFTH AVE, S C/O LAW OFFICES OF MICHAEL J. VOLPE, J.D.

1400 GULF SHORES BLVD. N., STE. 218 STE 201 NAPLES, FL 34102 US NAPLES, FL 341026628 US

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.

SIGNATURE: 01/09/2004

Electronic Signature of Registered Agent Date

## **MANAGING MEMBERS/MEMBERS:**

( ) Delete

TUW KENNETH A MAIN E, STATE

395 21ST AVE., S.

NAPLES, FL 34102

## **ADDITIONS/CHANGES:**

( ) Delete MGRM () Change () Addition MAIN, KENNETH A II Name: Name: 3643 NORTH RD Address: Address: City-St-Zip: NAPLES, FL 34104 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: MAIN, STEPHEN C Name: Address: 15 NEWBURY PLACE Address: City-St-Zip: NAPLES, FL 34102 City-St-Zip: Title: MGR () Delete Title: () Change () Addition MAIN, NANCY C Name: Name: 395 21ST AVE., S. Address: Address: City-St-Zip: NAPLES, FL 34102 City-St-Zip: Title: MGRM ( ) Delete Title: () Change () Addition Name: PRIOLI, LAURA MAIN Name: 730 CLARENDON CT Address: Address: City-St-Zip: NAPLES, FL 34109 City-St-Zip: Title: MGR ( ) Delete Title: () Change () Addition MAIN, DAVID C Name: Name: 8940 SAN GABRIEL Address: Address: City-St-Zip: ATASCADERO, CA 93422 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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.

Title:

Name:

Address:

City-St-Zip:

() Change () Addition

SIGNATURE: KENNETH A MAIN, II **MGRM** 01/09/2004