2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000002194

NAPLES, FL 34102

City-St-Zip:

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

FILED May 02, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 3470 BAYSHORE DR. NAPLES, FL 34112 **Current Mailing Address: New Mailing Address:** 3470 BAYSHORE DR. NAPLES, FL 34112 FEI Number: 59-3632962 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: VOLPE, MICHAEL J ESQ. 711 FIFTH AVE, S STE 201 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: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete 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: Title: () Delete Title: () Change () Addition TUW KENNETH A MAIN E, STATE Name: Name: Address: 395 21ST AVE., S. Address:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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.

City-St-Zip:

SIGNATURE: LAURA MAIN PRIOLI MGR 05/02/2006