2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 27, 2007
Secretary of State

DOCUMENT# L00000005962

Entity Name: GULF POINTE MARINA, LLC

Current Principal Place of Business:

13 MEIGS DR.
PO BOX 798
SHALIMAR, FL 32579

New Principal Place of Business:

13 MEIGS DR.
SHALIMAR, FL 32579

Current Mailing Address:

P.O. BOX 798
SHALIMAR, FL 32579

New Mailing Address:

FEI Number: 62-1805066 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MAXON, ROBERT P JR.
13 MEIGS DRIVE
SHALIMAR, FL 32579 US

Name and Address of New Registered Agent:

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:

Title: MGRM ( ) Delete
Name: SHALIMAR MARINA, L.P, .
Address: 13 MEIGS DRIVE
City-St-Zip: SHALIMAR, FL 32579

Title: MGR ( ) Delete
Name: SHALIMAR MARINA, INC, .
Address: 13 MEIGS DRIVE
City-St-Zip: SHALIMAR, FL 32579

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: ROBERT P. MAXON, JR. P 02/27/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date