

FILED
Jun 16, 2003 8:00 am
Secretary of State

05-05-2003 92172 021 ****50.00

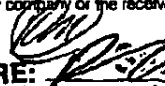
**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

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☐ CHECK HERE IF MAKING CHANGES

DOCUMENT # L00000005962					
1. Entity Name GULF POINTE MARINA, LLC					
Principal Place of Business 13 MEIGS DR. PO BOX 398 SHALIMAR FL 32579			Mailing Address P.O. BOX 798 SHALIMAR FL 32579		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 62-1805066	
				☐ Applied For ☐ Not Applicable	
				5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MAXON, ROBERT P JR. 13 MEIGS DRIVE SHALIMAR FL 32579			7. Name and Address of New Registered Agent		
			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 _____ (NOTE: Registered Agent signature required when registering) _____ DATE _____					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003					
9. MANAGING MEMBERS/MANAGERS					
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete	
	MGR	SHALIMAR MARINA, L.P.	100 OLD FERRY ROAD SHALIMAR FL 32579		
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete	
	MGR	SHALIMAR MARINA, INC.	100 OLD FERRY ROAD SHALIMAR FL 32579		
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete	
10. ADDITIONS/CHANGES					
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☒ Change	☐ Addition
	MGR	SHALIMAR MARINA LP	13 MEIGS DRIVE SHALIMAR FL 32579		
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☒ Change	☐ Addition
	MGR	SHALIMAR MARINA, INC	13 MEIGS DRIVE SHALIMAR, FL 32579		
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change	☐ Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change	☐ Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change	☐ Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change	☐ Addition
11. 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 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 4/29/03 850-651-5201					
SIGNATURE AND TYPED OR PRINTED NAME OF EXISTING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					