CR2E083 (10/02)

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

Mailing Address

520 SE 32ND STREET

3. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

FORT LAUDERDALE FL 33316

DOCUMENT # L0000013356

Country

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable.

1. Entity Name

Principal Place of Business

FORT LAUDERDALE FL 33316

2. Principal Place of Business

DIXON, JOHN 520 SE 32ND STREET

the obligations of registered agent.

FORT LAUDERDALE FL 33316

Suite, Apt. #, etc.

City & State

Zip

SIGNATURE

520 SE 32ND STREET

PORT ST. JOE BOATWORKS & DRY STORAGE, LLC



Country

Name

City

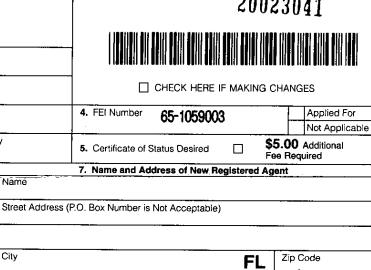
(NOTE: Registered Agent signature required when reinstating)

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

FILED Feb 05, 2003 8:00 am Secretary of State

02-05-2003 90025 010 ****50.00

20023041



DATE

FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003 9, MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MGR Delete TITI F Change ☐ Addition NAME DIXON, JOHN NAME STREET ADDRESS 520 SE 32ND ST. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33316 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete. TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IE TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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:

SIGNATURE AND TY PED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE